Community Health Services Limited

Station House

Inspection report

Victoria Avenue
Crewe
Cheshire
CW2 7SF

Tel: 01270250843
Website: www.stationhousecrewe.co.uk

Date of inspection visit:
22 March 2018
30 May 2018
14 June 2018

Date of publication:
20 September 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected this service on 22 March, 30 May and 14 June 2018.

Station House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this 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 62 people lived at or were placed at the home.

At our last inspection in June and July 2017, we had found that the service was not safe, responsive or well led and was not always effective and caring. We identified breaches of regulations including regulation 9 (person centred care), 10 (Dignity and respect) 11, (need for consent), 12 (safe care and treatment), 13 (safeguarding service users from abuse and improper treatment, 16 (Receiving and acting on complaints), 17 (good governance) and 20 (Duty of candour) of the Health and Social Care Act Regulations 2014 and regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We took enforcement action and the service was put into special measures.

After our inspection in June and July 2017, the provider submitted an action plan to the Care Quality Commission (CQC) outlining the action they would take to improve the service.

At this inspection, we found that significant improvement had been made in all aspects of service delivery. We found that some further improvements were required and the improvements that had been made needed to be sustained. The overall rating for the service is upgraded to: requires improvement.

We found that the atmosphere in the home was relaxed and sociable. All the people spoken with including all relatives made positive comments about the staff and the standard of care provided.

We found that the home's safeguarding systems, processes and practices had improved markedly. People were protected from abuse, neglect, harassment and breaches of their dignity and respect.

Managers and staff were knowledgeable about adult safeguarding procedures. They knew what action to take and enjoyed good working relationships with the local social services team.

There was a sufficient number of suitably trained and qualified staff on duty to meet the needs of the people

who lived at the home. The staff presented in buoyant mood and told us that their morale had improved. They told us that they appreciated the support, direction and leadership of the new manager.

All people spoken with praised the standard of catering in the home and we could see that they enjoyed a varied and nutritious diet.

Care and nursing staff respected and promoted people's privacy, dignity and independence. They were caring and compassionate in their approach and encouraged people to express their views and actively involved in making decisions about their care and support. Managers and staff acted in accordance with the Mental Capacity Act and ensured that people received the right kind of assistance to support them in making decisions.

Healthcare professionals were involved in people's care and visiting health and social care professionals made positive comments about the standard of care provided.

People's concerns and complaints were listened and responded to and used to improve the quality of care provided.

Nursing and care staff were aware of the need to support people approaching the end of their life and care planning arrangements were person-centred to ensure their wishes and needs were respected. The relatives of a person admitted to the home for palliative care praised the staff and the standard of care provided.

The new manager presented as an enthusiastic and caring professional who was skilled at involving people and developing solutions to problems and concerns. Nursing and care staff presented with confidence and we could see that the home was generally well organised, well managed and staff were well supported.

The registered provider and manager had notified CQC of events and incidents that occurred in the home in accordance with our statutory notification requirements, with one exception.

The registered provider, the registered manager and all members of the management team were seen to be actively fostering a culture in the home which was open and transparent. The systems for auditing the quality of the service had been embedded and were consistently carried out. These had helped ensure improvements in the service. However, we saw that some of the issues that we identified on the inspection had not been picked up by the provider's audit system and where not always effectively monitored. We found that staff were not always making records at the time the care was given and in one instances records were inaccurate and misleading.

The overall rating for this service is Requires Improvement. The registered provider's representative and the registered manager told us that the home aims to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive.

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.

Significant improvements had been made in the overall management of the home but care was not always provided in accordance with each person's assessed needs. This meant people were at risk of receiving ineffective care.

Significant improvement had been made in the way managers and staff responded to abuse or allegations of abuse.

People received their medicines as their doctor had prescribed them with the exception that prescribed food supplements were not always recorded so the managers and staff were unable to demonstrate people had always received them.

There was an adequate number of suitably trained and experienced staff on duty to meet the needs of the people who lived at the home.
Staff were recruited appropriately.

Risk assessments were in place to ensure that people were kept safe.

Is the service effective?

Good

The service was effective.

Managers and staff acted in accordance with the Mental Capacity Act and ensured that people received the right kind of assistance to support them in making decisions.

People enjoyed a varied and nutritious diet.

Healthcare professionals were involved in peoples care.

Is the service caring?

Requires Improvement

The service was not consistently caring. The standard of care had improved markedly with evidence of good practice but there were instances where people had not received care in accordance with their needs.

People were treated with kindness, respect and were given emotional support when needed.

People were encouraged to express their views; they were listened to and actively involved in making decisions about their care and support.

People's privacy, dignity and independence were respected and promoted.

Is the service responsive?

Good

The service was responsive

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened and responded to and used to improve the quality of care.

Staff were aware of the need to support people approaching the end of their life and care planning arrangements were person-centred to ensure their wishes and needs were respected.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems for auditing the quality of the service had been embedded and were consistently carried out. These had helped ensure improvements in the service delivery. However, we saw that some of the issues that we identified on the inspection had not been picked up by the provider's audit system and were not always effectively monitored.

The new manager presented as an enthusiastic and caring professional who was skilled at involving people and developing solutions to problems and concerns.

The management team presented as a group of dedicated care professionals who benefited from shared aims and objectives and determination to ensure that the home continued to improve.

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 22 March, 30 may and 14 June 2018. The first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection. We also contacted the Local Authority for their feedback on the service.

We could access and review the Provider Information Return (PIR) as the manager sent this to us as part of the inspection. The PIR 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.

The methods used during this inspection included talking to people using the service, their relatives and friends and other visitors including visiting health and social care professionals. We interviewed staff, undertook pathway tracking, observed care practice, read records including personal care records for seven people who used the service, staff recruitment records, staff training records, deprivation of liberty safeguards and mental capacity assessments, and quality assurance records. We also looked at a range of other records associated with the management of the home.
Throughout the inspection, we observed how staff supported people with their care across the three day inspection period.

At this inspection we spoke with 14 people who lived at the home, ten relatives, a visiting healthcare professional, the regional director, the registered manager, the operations support manager , the deputy manager, two unit managers, two nurses, eight care staff, an activities co-ordinator and the cook.

Requires Improvement

Is the service safe?

Our findings

The inspection was carried out over three days. On each of our visits we found that atmosphere in the home was relaxed and sociable. We found that people were routinely engaged in activities or chatting amongst themselves and their many visitors. We asked people if they felt safe and all without exception told us that they felt safe. One person said "yes, I'm easy going and feel well cared for , I'm treated with respect and have no problems, I'm quite happy here". Another person said "Oh yes, I feel safe, the staff listen to me and whatever I need it is not a problem".

The views of relatives and friends were mixed. Whilst all relatives and friends spoken with during the inspection had something positive to say about the staff and the standard of care provided some told us that they harboured concerns as to whether their loved ones had always received appropriate levels of support and care. They told us that they knew that they were able to make a complaint if they chose to and they that they were aware that managers and staff were endeavouring to make improvements and felt that the management team had listened and acted on their concerns. Positive comments made by visiting relatives and friends included: "Impeccable, care you cannot fault them", never any doubt that (their relative) is safe, the standard of care is good", "there is always enough well trained staff on duty I have no doubt that (their relative) is safe" and another said " I have no doubt that (relative) is safe, could not be better looked after, excellent I would say."

At our last inspection in August 2017 we had found that people were at risk of receiving poor and ineffective care and their needs were not being met because the registered manager had failed to notify the Care Quality Commission (CQC) of evidence of abuse and allegations of abuse and failed to investigate abuse effectively. This had left vulnerable people at risk of abuse and poor or ineffective care. We identified breaches of the regulations on Safe Care and Treatment, Safeguarding service users from abuse and improper treatment, and failure to notify the CQC in relation to abuse or allegations of abuse without undue delay.

The provider acted to address the concerns we had identified. The previous registered manager was replaced and new and suitably skilled and qualified manager was deployed in the home. A detailed service improvement plan was developed which identified what action needed to be taken and quality assurances processes were put in place to ensure people were safe.

At this inspection we found that significant improvements had been made but further improvements were still required.

The provider had safeguarding procedures in place and staff confirmed that they were aware of what to look out for and what action to take if they had any concerns that people were being harmed or abused. Since our last inspection records showed that managers and staff had been diligent in responding to, reporting and acting on abuse or allegations of abuse to ensure that vulnerable people received safe and effective care. The CQC had received over 75 safeguarding notifications from the home since the date of our last inspection. We could see from the home's records and information provided by the local safeguarding

authority that the management team had worked effectively to ensure vulnerable people were protected and poor and ineffective care would not be tolerated. In many cases managers had identified poor and infective care and inadequate care practices. We could see from the home's extensive records that in each case we examined appropriate action had been taken. Where necessary disciplinary action had been taken and staff had been given additional training and supervision to ensure the standard of care improved. Managers had been open and honest and where appropriate had written to the relevant person or their representatives, given them an apology, an explanation of what went wrong and what would be done to ensure that other vulnerable people would be protected from abuse or ineffective care.

During the inspection we spoke with a visiting professional who told us that they had seen a consistent improvement in the standard of care provided. They gave examples of some people who had received excellent standards of care.

Data provided by the registered provider highlighted a significant risk at Station House in relation to prevalence of decubitus ulcers, commonly known as pressure ulcers. This was also the case at our last inspection. Pressure ulcers are areas of skin that have been damaged by irritation and/or continuous pressure on them. They should in most cases be preventable if properly managed. At out last inspection we had found that that people were not always receiving safe and effective care in relation to the management and prevention of pressure ulcers. On this inspection we found significant improvement in that people who were likely to be at risk of pressure ulcers benefited from an assessment of their needs, any potential risks were risk assessed and care plans were put in place and regularly reviewed and revised to ensure staff had up to date guidance on how to keep them safe. However, on the first day of our inspection we found that staff were not writing important care records, such as food and fluid charts or repositioning charts contemporaneously. For example, we saw a care worker writing up important care records including what they had given a person for breakfast at 4pm in the afternoon. It is essential that care staff record all care interventions accurately and at the time they were given to ensure care provided is safe and effective.

On the third day of our inspection we monitored the care provided to a number of people particularly those who were vulnerable because they relied upon staff for nutrition, hydration and management of their pressure areas. We observed that records made for one vulnerable person were inaccurate. Staff had recorded that they had repositioned this person on three separate occasions recording a different position in each case, but we had seen that the person had remained in the same position throughout the morning. We could see that this person was unable to reposition themselves and we asked the manager to enquire as to why staff had made inaccurate and misleading entries in the person's records. We were told that staff had experienced difficulty repositioning the person but instead of addressing this with the nurse in charge they had developed their own solution. They had made incorrect entries in the person's repositioning records so as it would appear that they were being repositioned in accordance with their care plan, when in fact they were not. This meant that this vulnerable person was put at unnecessarily heightened risk of developing pressure ulcers. The registered manager acted to address this and from thereon ensured that the vulnerable person received safe and effective care in accordance with their assessed needs.

Procedures were in place to ensure people were given their medication as prescribed. We carried out a medicine check on the Victoria unit and could see that medicines were being managed safely and appropriately with the exception that prescribed food supplements were not routinely being recorded on the person's medication administration record sheet (known as a MAR) or in the respective person's food and fluid balance charts. The unit manager who had recently been deployed on the unit had identified this through the home's quality assurance procedures. We could see that some staff were starting to make the appropriate records but not all and because of a lack of recording in the past, and inadequate stock records, they could not demonstrate that people had always received their food supplements as their doctor had

prescribed them. The records for one person were better, but these indicated that there was one more sachet of food supplement in stock then there should have been.

The issues outlined above constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations Safe Care and Treatment.

Staffing levels had been increased since our last inspection in accordance with changing demands. We looked at staff rotas for day and night staff, ancillary staff and cooks and could see that there were enough staff on duty to provide safe and effective care. All the people we spoke with were satisfied with staffing levels.

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

Incidents and accidents were well documented and analysed for any patterns or trends. People told us that they were involved in decisions about their care and wellbeing. Records showed that people benefited from an ongoing assessment of their changing needs, which included risk assessments where appropriate. Risk assessments were kept up to date and provided guidance for staff on how best to keep the person safe without unnecessary or inappropriate restrictions on their freedom of movement.

Our observations during the inspection were of a clean, fresh smelling environment which was safe, without restricting people's ability to move around freely. Staff had access to and used personal protective clothing when delivering care as well as when serving food.

Good

Is the service effective?

Our findings

All the people spoken with during our inspection told us that were happy with the care provided. They told us that their needs were met, the food was good and they found the staff well trained and approachable. One person told us that they had been admitted to the home from hospital where they had received treatment for a broken hip. They said: "I'm doing quite well with the care provided and all the help from the physiotherapist and the occupational therapist, I hope to be able to regain my independence and go home". They told us that staff were well trained and knew what they were doing. Another person told us that they lived at the home and had done so for the last 12 months. They told us that they were happy, well cared for and had no complaints whatsoever. All people spoken with told us that the food was good and their likes and dislikes were well known and catered for.

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 supported to do so when needed. When they lack mental capacity to take 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found that the management team were not always following the principles of the Mental Capacity Act 2005 legislation resulting in the inappropriate use of a mental capacity assessment and the deprivation of a person's liberty of freedom of movement without lawful authority. We found that significant improvement had been made at this inspection and the requirements of the MCA and the regulations were being met.

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. We found that, with the one exception (where an appropriate application for a DoLS had been made but was made late), they were. We could see that the manager had developed an effective system to eradicate the problem of late DOLs applications being made so people were assured of their rights being protected.

Nursing and care staff were knowledgeable about the Mental Capacity Act and we observed them actively supporting people to make choices and decisions. People told us that they were involved in decisions made about their care and welfare and did not think they were subject to any unwarranted restrictions on their freedom of movement. We noted that each of the units were kept secure by means of a coded lock. The code was ready available to those who had capacity to decipher the code depicted in a posy of flowers by each lock. Managers and staff told us that this provided for an adequate safeguarded against those people subject to a DoLs leaving the home unsupervised.

Prior to our last inspection the registered person had introduced the "Herbert Protocol" which is a national scheme introduced by the Metropolitan police in partnership with other agencies including care homes like

Station House. It is a useful risk reduction tool which encourages carers to compile useful information, including a recent photograph which could be used in the event of a vulnerable person going missing. In the event of a vulnerable person going missing the form can be easily handed to the police to reduce the time taken in gathering this information. The Herbert Protocol initiative is named after George Herbert, a War veteran of the Normandy landings, who lived with dementia.

There was an induction process in place for new staff, which included a period of shadowing experienced staff, and completing training in core subjects. Staff had received training in areas such as equality and diversity, health and safety, emergency first aid, moving and handling, the administration of medication, safeguarding vulnerable people and MCA amongst a range of other appropriate topics. The registered provider had supported some staff to complete additional qualifications in health and social care, and we observed examples where staff had been given the opportunity to progress. Nurses also had opportunities to continuously develop their professional clinical and nursing skills. Nursing and care staff told us that training was "good" and that they felt competent to carry out their roles.

Staff presented as knowledgeable about the people they were providing care for and they had a good understanding of human rights and equality and diversity issues. They told us that they had benefited from increased training in a range of subjects, and particularly appreciated face to face training in groups as opposed to online. Whilst it was clear that some staff had training needs in various areas including the MCA, the registered manager was already aware of these and training resources were identified.

We did not speak with night staff as part of this inspection, however, we found that there was no record of any member of the night staff team completing the home's induction training programme. The new registered manager was unable to explain the lack of records but to ensure that all staff had received appropriate training all night staff were to complete the homes' current induction training programme in the near future.

Staff told us that they were well supported and recent changes in the management structure were welcomed and said to be having a positive impact on overall staff morale. We could see from the records that staff 121 supervisions were not up to date but there had been a number of group supervisions and staff meetings so overall we could see that staff were well supported. The manager told us that a new on line supervision system was being introduced which included an appraisal designed to ensure each staff members skills, abilities and training needs were well known and carted for.

We observed mealtimes during the inspection and could see that people enjoyed the overall experience. They told us that their likes and dislikes were catered for, as were specialist diets. Where required adapted tableware was provided which enabled people to remain as independent as possible. This included cups with lids or straws and plate guards.

As was the case at our last inspection we observed staff supporting people to eat their meals in a sensitive and caring manner, going at their pace and giving them time to enjoy their meal.

People's care records contained information about their dietary requirements and personal preferences. The Cook had access to this information which was replicated on a "White board" on the kitchen wall. The Cook was knowledgeable about each person's varying dietary needs and preferences. People told us that they enjoyed the food although one person said it could be variable. We could see from menus and food and fluid records that people were supported to eat a balanced and healthy diet.

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 them maintain a healthy weight. On the first day of the inspection some food and fluid records were found to be inaccurate. However, on the last day of the inspection we found that this issue had been resolved. Staff were diligently recording what food and drinks people had been offered and provided with and for those deemed at risk of dehydration or malnutrition what they had consumed. This will help to ensure that people's needs are met.

We could see from peoples records that health and social care professionals were routinely involved in the delivery of care. People told us that there was no hesitation of the part of staff to call a doctor whenever they needed one. A visiting relative told us how staff had responded promptly and without delay when their loved one developed symptoms of pneumonia. They said: "it was a bank holiday but they got (relative) in hospital straight away so they could get the specialist health care they needed".

We found that the premises well equipped and designed to meet the needs of the people it catered for. It was decorated to a good standard, well-lit, accessible to people who used a wheelchair and provided a range of lounges, dining rooms, activity rooms and enclosed garden area for people to socialise and enjoy.

We found that the home was clean and odour free throughout our inspection. The kitchen had been rated 5 Star, by the local Environmental Health Officers. This is the highest rating a food provider can be given.

Requires Improvement

Is the service caring?

Our findings

All the people who lived at the home made positive comments about the staff and the standard of care they received. They told us that their needs were met, they were always involved in decision making and overall they were happy with the standard of care provided. Visiting relatives and friends also made positive comments including two who said: "I visit twice a day, seven days a week and I believe (relative) is very well looked after and they meet all their needs". We could see that their relative was relaxed and at ease in the home. Their room was full of personal items, pictures of family, treasured items such as ornaments and other mementos. Their relative said "this has all been done to make (relative) feel at home surrounded by things they loved". Their relative also said: "I have no doubts about the home (relative) is safe and could not be better looked after".

At our last inspection we had found that care had not always been provided in accordance with the person's assessed needs and care plans did not always contain sufficient detail to enable staff to provide safe and effective care. In addition, care had not always been provided in a way that respected the dignity of the person.

On this inspection we found that significant improvements had been made in that all people present during the inspection were treated with dignity and respect but further action was needed to eradicate poor and unacceptable standards of care.

Visiting professionals spoke highly of the care provided giving examples of excellent care but also gave an example where the standard of care had not met the needs of the person or the expectations of the placing authority. We could see that the management team were working diligently to improve care but again they had identified instances where care had not met people's expectations and where people had been put at risk. We also witnessed poor and inadequate care, as detailed in the safe section of this report and which had put one person at risk. We could see that things were improving but there were still further improvements that needed to be made to ensure people's needs were met in a safe and effective way.

Throughout the inspection we saw many other examples of care and nursing staff providing sensitive, compassionate, safe and effective care. We observed them taking measures to ensure the privacy and dignity of the person, such as opening and shutting bedroom and bathroom doors discreetly to preserve privacy and dignity. People were addressed in the name of their choosing and were offered choice and involved in decision making wherever possible. We observed the way staff always knocked on bedroom doors and waited a moment before seeking permission to come in.
In one instance we saw staff responding sensitively to a person who presented with anxiety and agitation due to an apparent loss of orientation. We saw two staff working together to engage this person in conversation. The TV was not working so they found a selection of books and focused on one which the person had shown interest in. It didn't take long before the person was relaxed chatting about Princess Diana. Finally, the staff asked the person if they wanted a drink of tea and brought them one. Another person in the room was also offered a cup of tea and before long these two people were engaged in conversation together talking about the subject of the book, which they both had an interest in.

People's care records showed that they, or significant others had been consulted regarding their care. For example, care plans contained personalised information about the person's likes, dislikes, strengths and areas where they may need additional support.

People's confidentiality was maintained. We observed that documentation containing personal information about people was kept securely in a locked office. Where information was stored on computers this was password protected to prevent unauthorised accessing to this.

Good

Is the service responsive?

Our findings

We asked people who lived at the home and a number of their relatives whether care provided was centred on the person's individual needs, whether they were involved in care planning and whether they were confident they could make a complaint if they needed to. People told us that they felt involved in their care and they were confident that their views would be taken seriously and acted upon.

Visiting relatives and friends also spoke highly of the care provided. Two visitors who were spoken with together although they were visiting different people said. One said "The care is excellent, the unit manager is amazing I have every confidence in her because of the way she deals with everything, she listens and always acts when required. The other visitor told us that they agreed with what had just been said. They told us that care was centred on their relatives needs and one gave an example, saying "Mum likes perfume and they always put it on, she does not have capacity to make decisions herself, but doing this reflects her character, the person she is. Today she is feeling very pampered because this morning she had chiropody and this afternoon her hair done. Mum is very happy here, but because she does not have capacity they involve me in her care planning for example the decision to use bedrails. This gives me confidence, she is safe comfortable and well looked after." The other visiting relative who told us they were also impressed with the care provided and they gave an example of their relative being discharged from hospital with water lesion in their groin area. They said: "they (meaning care and nursing staff) immediately drew up a care plan and ensured (relative) received the treatment prescribed by the doctor twice a day so the problem cleared up". Both these visitors told us that the staff were well trained and respected peoples wishes and personal preferences and they always enquired to see if they were happy with the care provided.

All the people resident at the home at the time of our inspection benefited from an assessment of their needs. Care plans were drawn up with the involvement of the person and or their appointed advocates where necessary. We could see that care was centred on people's needs including personal likes and dislikes and preferences such as whether they chose to ware perfume, makeup or aftershave tec.

We could see from the home's complaints systems that there had been instances where people had been admitted to the home before it was clear that the home was suitable to meet their needs. The manager explained that these problems related to the 12 places block booked by the local clinical commissioning group to alleviate pressures on hospitals when people no longer required hospital care but needed residential or nursing care before being discharge back to their home address. These places were known as "discharge to assess beds". In these instances the management team did not undertake an assessment of the needs of the person before they were admitted to the home. Instead they relied upon an assessment carried out by the hospital with the involvement of the multidisciplinary intermediate care team who were known as "trusted assessors". The registered manager explained that in some instances the information provided by the "trusted assessors" had been found to be unreliable or inaccurate and hence improvements were made to the home's admissions procedures.

A new post of "bed manager" had been created and an experienced and qualified nurse had been appointed from within the management team to fill this post. The bed manager is involved from the first

instance when a patient in hospital is considered to be suitable to move to Station House.
They are involved in conference telephone calls about the proposal and in the hospital triage process. This means that the bed manager is able glean a better understanding of the persons' needs from the offset. Where there is a lack of information or inaccuracies in the information provided by the multidisciplinary team the bed manager will visit the relevant person in hospital and carry out an assessment. The registered manager outlined an example where this had proved necessary only the week before and the bed manager had concluded that the home was not suitable to meet the person's needs. The management team meet monthly with the multidisciplinary intermediate care team to review the suitability of all admissions to the home and make quality improvements where necessary.

At our last inspection we had found that the management team had not always responded appropriately when people made complaints. On this inspection we could see that significant improvements had been made. Complaints records showed that mangers and staff responded effectively when concerns or complaints were made. The sample of complaints records inspected showed that the concerns had been thoroughly and objectively investigated and where necessary action, including disciplinary action had been taken. We could see that the emphasis was on learning from past events to ensure that the service improved in the light of the findings of each complaint.

Staff were aware of the need to plan for end of life care as required. We saw that relatives were asked to contribute to these care plans and where someone had been identified as being at the end of life, the GP had been consulted and appropriate provisions were in place for them to remain supported in the home. Relatives of a person who had been admitted to the home for palliative care told us that the care their relative had been nothing short of excellent. They said: the care has been excellent, so excellent it is emotionally overwhelming. The way the nursing and care staff have got to know (relative), they know what (relative) needs, it is as though they have known (relative) for years but in fact it has only been a few days. They said the staff have been excellent they reposition them and ensure (relative) is comfortable with sufficient drinks. They record everything and know important things such as when (relative) is cold or too warm and they act accordingly.

Requires Improvement

Is the service well-led?

Our findings

When we carried out our last inspection in June and July 2017 we found that the management of the home was inadequate to ensure the safety and welfare of the people who lived there. People were at risk of receiving unsafe and ineffective care because the management team failed to identify, assess and mitigate the risk of harm. The registered manager lacked knowledge of their requirements and responsibilities under the regulations and was failing to demonstrate the necessary skills and competencies to manage the home.

The provider took action to address the concerns we had identified. A new and suitably skilled and qualified manager was deployed in the home and following successful application was registered as registered manager with the CQC. The provider carried out a range of quality assurance audits designed to gauge the quality of the service and identify any shortfalls in the standard of care provided. Meetings were held with the people who lived at the home and/or used the service including their relatives and other representatives. The registered manager told them about the findings of the last inspection and told them what was being done to put things right. A detailed Service Improvement Plan (SIP) was developed which identified what action needed to be taken and quality assurances processes were put in place to ensure people were safe. A further meeting was held with the people who used the service and their representatives in December 2017 to report on what progress had been made.

On this inspection we found that significant improvements had been made in the way the home was being managed which had resulted in positive outcomes for the people who lived at the home and used the service. The new manager presented as an enthusiastic and caring professional who was skilled at involving people and developing solutions to problems and concerns. The management team presented as a group of dedicated care professionals who benefited from shared aims and objectives and determination to ensure that the home continued to improve. Nursing and care staff presented with confidence and we could see that the home was generally well organised, well managed and staff were well supported.

We could see that the home's quality assurance procedures were designed to be comprehensive and progressive. A range of audits were carried out by the Regional Director, Registered Manager, Deputy Manager, Unit managers and a number of others including maintenance staff and the providers external "Care Quality and Governance Team". We could see that their findings were fed into the SIP to which all auditors and managers had access. Following our inspection, the manager sent us a copy of the SIP which showed us that concerns we had identified during our inspection had been incorporated and addressed. We could see that affective action was being taken to continually improve and develop the quality service and to ensure that people would receive safe and effective care and where appropriate rehabilitation.

We could see that the provider, the registered manager and all members of the management team were fostering a culture in the home which was open and transparent. The systems for auditing the quality of the service had been embedded and were consistently carried out. These had helped ensure improvements in the service. However, we saw that some of the issues that we identified during our inspection had not been picked up by the provider's audit system and where not always effectively monitored. We found that staff were not always maintaining a contemporaneous record of care provided and in one case the records were

seen to be inaccurate and misleading.

These findings comprise a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

The registered provider and manager had notified CQC of events and incidents that occurred in the home in accordance with our statutory notification requirements, with one exception.

From April 2015 it is a legal requirement for all services who have been awarded a rating to display this. The rating from the last inspection of Station House was displayed at the service and on the service's website for people to know how the home was performing.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not always provided safe and effective care or always recorded prescribed food supplements accurately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person needs to ensure that effective systems and processes are in place to monitor the quality and safety of the service.