

North Yorkshire Council

Station View

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Station View is a residential care home providing accommodation and personal care to 6 people at the time of our inspection. The service can support up to 32 people in 1 adapted building.

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

People and their relatives told us they felt safe living at Station View, and they were happy with their care and support. Feedback from people reflected that staff knew how to keep them safe.

At our last inspection we recommended that the provider improve their records regarding the safe storage of medicines. At this inspection we found this was improved and audits included storage checks and related records.

Infection prevention control practices were in place. Staff were following current guidance and maintaining use of personal protective equipment (PPE) where it was appropriate. Additional cleaning of all areas and frequent touch surfaces was in place and recorded regularly by staff. Training included hand hygiene and other infection prevention control related subjects.

Medicines were stored, managed, and administered safely and records regarding people's medicines were completed effectively. People received the medicines they needed to support their health needs. The registered manager closely monitored the use of any 'when required' medicines in an individualised way. Fire safety was managed well, and appropriate checks were in place

There were systems in place for communicating with people, their relatives and staff to collect their views and feedback regarding people's care and support. The environment was clean, safe and maintained to a good standard. It was also adapted to meet people's needs.

Individualised risk assessments were in place to ensure people could take risks safely. Staff were confident about how to raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

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.

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

Rating at last inspection and follow up

The last rating for this service was good (27 November 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Station View

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 Care Act 2014.

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

One inspector and an Expert by Experience carried out this inspection. 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 View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 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 sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 4 relatives about their experience of the care provided. We spoke with 2 members of care staff, the deputy and registered manager. We reviewed a range of records. These included people's care records and medication records. We looked at staff records in relation to recruitment and other records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People and their relatives told us they felt their family members were safe. People told us, "Safe, yes. They tend to fuss a bit, some of them are worried, I have had no falls there but have fallen before" and "Very good, feel very safe."
- Risk assessments were in place and were regularly reviewed. Where risks were identified, support plans guided staff to manage and reduce these risks.
- The environment was adapted to meet peoples needs safely.

Using Medicines safely

- Medicines were managed, stored, and administered safely.
- Appropriate records were in place to check the safe storage of medicines.
- People received their medicines as prescribed and at the right time. Medicine records were person centred and accurately completed.
- Staff had clear instructions to ensure people who required 'as and when' medicines received these safely and effectively.
- Clear guidance and procedures were in place to administer medicines that were used to manage different people's health conditions.

Staffing and recruitment

- There were enough staff to meet people's individual needs and maintain their safety.
- Staff were recruited safely. The provider's processes included robust checks to ensure only suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff were trained and understood how to protect them from abuse.
- There were effective safeguarding and whistleblowing procedures in place at the home. Staff told us they would report any harmful or abusive practice they witnessed. One staff member told us, "I would look out for anything that wasn't the norm for the person, becoming withdrawn for example."

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. The registered manager had improved maintenance checks and risk assessments following an incident.
- Accidents and incidents were analysed to look for any patterns or trends and took appropriate action to

minimise risk of further incidents.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There had been recent IPC audits completed.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff where required.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

- Visits were in line with government guidelines. No restrictions were in place and visits took place during the inspection process.

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.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had improved the safety records required for medicines storage.
- The registered manager carried out quality assurance by collecting people's views and acting on their feedback and audits were detailed with regular analysis to improve quality.
- The registered manager carried out audits that included action plans for improvement where needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt respected, supported and valued by senior staff which supported a positive culture.
- Management and staff put people's needs and wishes at the heart of everything they did. The atmosphere within the home was relaxed and welcoming.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sought feedback from people and those important to them on their care and support and used the feedback to develop the service.
- Staff we spoke with all felt involved in developing and improving the service. Staff meetings took place and staff felt able to raise any issues or ideas outside of meetings. One member of staff told us, "I always do, I have my say. I am not quiet and I do advocate for others. I know how to express my concerns, share ideas to teach others."
- The provider kept up to date with national policy to inform improvements to the service including infection prevention control guidance.

Working in partnership with others

- Staff at the home worked closely with a range of external professionals to ensure people received appropriate healthcare treatment such as Podiatry services and the community nursing team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong.
- The registered manager was open with the inspection team during the inspection and took on board suggestions for improvements.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare and had sent us notifications relating to significant events occurring within the service.