

Care Station (NW) Ltd

# Care Station NW

## Inspection report

The Care Station  
5 Byrom Street  
Blackburn  
BB2 2LE

Tel: 01254790993

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29 April 2021

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### 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Care Station NW is a domiciliary care agency that provides care and support to adults in their own home. People receiving a service included those with dementia, mental health, physical disabilities and learning disabilities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were eight people receiving a regulated service.

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

People were happy with the support they received from the service. They and their relatives had no concerns about their safety while using the service. Staff had received training in how to protect people from the risk of harm. Following our feedback during the inspection, the provider made immediate improvements to their recruitment practices to ensure people were fully protected from the risk of unsuitable staff. People received their medicines safely from appropriately trained staff.

Staff understood their responsibilities to prevent the spread of infection whilst working in and between people's homes. They wore the correct personal protective equipment (PPE) and were regularly tested to ensure they were safe to work with people.

People's health and care needs had been assessed before the service started. The information was then used to formulate care plans for each individual. Although people told us they always received person-centred care, some care plans needed to include more detailed information about how people wanted their care to be delivered. Following the inspection, we were provided with evidence the provider had made the necessary improvements. Staff received training, supervision and support to help ensure they were effectively carrying out their role.

People liked the staff who supported them and told us staff were always kind and respectful. Staff considered people's diversity and respected their right to privacy and dignity. They encouraged people to be as independent as they could be and involved them in decisions about their care.

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.

People told us staff were very responsive to their needs and felt they were at the centre of their care, driving all decisions about how they would be supported. People felt able to raise any concerns they had about their care and were confident they would always be listened to.

People felt the service was well-led. The registered manager was committed to a process of continuous improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The service was registered with us on 19 September 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection to check the safety and quality of the care people received and was based on when the service was first registered with CQC.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Care Station NW

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 April 2021 and ended on 6 May 2021. We visited the office location on 29 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. We sought feedback from the local authority and the local Healthwatch team. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and quality assurance manager. We reviewed a range of records. This included six people's care records and three medication records. We looked at five staff files in relation to recruitment and staff supervision. In addition, a variety of records relating to the management of the service were reviewed; these included minutes from meetings, audits and checks completed in the service and a sample of policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and request additional information. We spoke by telephone with three people who used the service, three relatives and four members of staff.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service.

This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Recruitment records were disorganised and staff files reviewed did not always contain the required information to demonstrate safe recruitment practices.
- One person's application form did not include a full employment history or references, although we saw evidence of the latter following the inspection. Another person's record did not contain documents to confirm their identity or any references. Following the inspection, we saw evidence of all these documents although one of the references had only been gained after the discrepancy had been highlighted during the inspection. The registered manager explained the staff member had been employed in an emergency situation to avoid a breakdown of care arrangements. A second reference had been requested at the time, but they could not show evidence this had been followed up.
- We did not find any evidence people had been harmed as a result of these shortfalls. Immediately following the inspection, the provider sent us a copy of their recruitment process which had been updated to address the findings of the inspection.
- People told us they had a stable staff team supporting them. One person told us they were central to the recruitment of staff to support them. They commented, "I'm 100% involved in the recruitment process. Candidate portfolios are brought to me. I have met all potential staff by skype/garden visits. We recruited the person who was the best fit for me."

### Assessing risk, safety monitoring and management

- Care records included the identification of risk relevant to each individual. However, we found one person did not have a choking risk assessment in place and some risk assessments for other people lacked sufficient detail to ensure people supported and staff were protected from the risk of harm occurring. Following the inspection, the provider sent us evidence that these risk assessments had been completed with a good level of detail.
- The provider made regular visits to people's homes to ensure the environment was safe for each individual and the staff supporting them.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in protecting people from the risk of avoidable harm. They were aware of the correct processes to follow to report any concerns and were confident the management team would take appropriate action.
- People told us they felt safe with the staff who supported them. Relatives commented they were confident their family member was safe with staff from Care Station NW. One relative told us, "He feels safe and is always asking when the staff are coming."

#### Using medicines safely

- People received their medicines as prescribed.
- Staff had received training in the safe handling of medicines and the provider had ensured they were competent to carry out this task. The provider had a medicines administration policy for staff to refer to for guidance as necessary.
- The provider was trialling an electronic system to record the administration of medicines. However, due to some issues with the functioning of this system, some staff were also required to complete additional records which the provider monitored to ensure medicines had been administered as prescribed.

#### Preventing and controlling infection

- The provider had systems in place to prevent and control infections, including COVID-19. An infection control policy was in place and audits were completed to check staff were always wearing Personal Protective Equipment (PPE) correctly.
- Staff told us there was always sufficient stock of PPE available to them and that this was worn in line with Government guidance in place at the time of the inspection. They also encouraged people they supported to wear masks when in the community.
- Staff and most people who used the service were participating in regular testing for COVID-19 in line with current Government guidance.

#### Learning lessons when things go wrong

- The provider had systems for staff to record any accidents or incidents which had occurred. Lessons learned were recorded and shared with staff via the electronic care planning system and during team meetings.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service.

This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had systems to ensure people received care which met their individual needs.
- People we spoke with who used the service told us they received personalised care and that staff knew how they wanted to be supported.
- The provider used an electronic care planning system to record and share information about people's needs. Staff commented, "I like 'log my care'. I feel it has enough information on it" and "Information is shared using the logs on 'log my care'. Updates get emailed to us."

Staff support: induction, training, skills and experience

- Staff received training and support to help them to support people safely and effectively.
- All staff were required to complete the provider's mandatory training before they started to support people. Staff always completed shadow shifts with more experienced staff to ensure they were aware of the needs, wishes and preferences of the people they were going to support. People who used the service confirmed that they would never be supported by anyone they had not previously met.

Supporting people to eat and drink enough to maintain a balanced diet

- Where staff were responsible for meeting people's nutritional needs, they told us they would always encourage individuals to have a balanced and healthy diet. However, they also recognised people's rights to make their own decisions about what they chose to eat.
- Staff had received training in meeting people's nutritional needs. Where necessary, guidance from specialist health professionals was sought and followed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received effective care that met their current needs.
- Staff worked collaboratively with other agencies and professionals to ensure people's health and social care needs were met. Staff maintained a log on the electronic care planning system to record any advice given.
- Relatives told us the provider would always change the time of support sessions to enable staff to support people who used the service to attend health appointments as necessary.
- The provider had a system to ensure, in the case of a person being admitted to hospital, important information about their care needs was shared with health staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider had a Mental Capacity Act 2005 policy and staff received training on the principles of the act.
- People told us staff always asked for their consent and agreement before providing any support. This was confirmed by staff who told us, "Choice is the biggest thing" and "[Name of person supported] has full capacity and the right to make their own decisions."
- Senior staff understood the action they needed to take to protect people's rights should any restrictions need to be put in place to ensure individuals received the care they required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service.

This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- The ethos of the service was to provide individualised and person-centred care to everyone they supported. This was confirmed by staff who told us, "The care is led by each person we support" and "I feel clients get a personalised service and everyone is really happy."
- People told us staff were always kind, caring and respectful towards them. Comments made included, "They [staff] are brilliant chaps. They've been excellent with me. It's like doing things with two brothers" and "They are very respectful when giving me a shower."
- Relatives told us they were very happy with the way staff supported their family members. Comments included, "They just care and communicate. We always know what's going on and they feel like part of the family" and "Staff treat [name of person] with respect. She has a small staff team who know her well."
- Staff had received training in equality and diversity and there were policies in place to help ensure they provided care which promoted and respected people's rights.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making decisions about how they wished to be supported. Comments people made included, "I completely decide everything. Whatever I want, that's what we do. I have an independent and free flowing life as possible" and "They have been fantastic. They talk things through with me."
- Regular meetings were held between the individual who used the service, if appropriate their relatives, the staff team who supported them and senior staff. These meetings provided an opportunity for everyone to discuss the aims of the care plans and any changes needed to achieve the outcomes people wanted. We discussed with the provider how the recording of these meetings could be better integrated into the care planning system; this would enable the provider to more clearly demonstrate the achievements people had made as a result of the support received and record their ongoing care needs.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service.

This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Where possible care plans were written with people supported by the service. However, some care plans lacked detail about people's wishes and preferences. The provider assured us they would take action to improve the level of detail in people's care records as necessary.
- People who used the service and relatives thought staff knew people well and provided care which was responsive to their individual needs. Comments made included, "I feel [name] is at the centre of her care", "It's taken 10 years to get to the flexibility I now have with Care Station NW. I would 100% recommend them. They've adapted their ways to suit me rather than the other way around" and "They are very responsive and reactive. They picked up really early that [name of person] had an infection and took appropriate action."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. People's communication needs were assessed and recorded as part of the care planning process.
- Staff gave us examples of the strategies and tools they used, when necessary, to support people to express their needs. Care records also included guidance for staff to follow to enable people to communicate as effectively as possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where appropriate, staff supported people to have access to the community to avoid them from becoming socially isolated.
- People who used the service and relatives told us how staff encouraged people to be involved in activities they enjoyed. Comments made included, "[Name of person] struggles to make decisions but staff know where he likes to go for social support. They talk to him a lot about the past. They have a rapport and relationship with him which is important to him and us" and "They [staff] support me to go out to the shops."

Improving care quality in response to complaints or concerns

- The provider had a policy for the management of complaints; this included timescales for a response and the contact details for relevant external organisations. Information about how to make a complaint was also given to people when they started using the service.
- The provider had received one complaint since the service had been registered with CQC in September 2019. This complaint had been thoroughly investigated by the registered manager and records kept showing action taken.
- None of the people spoken with during the inspection had raised any concerns or made a complaint about the service. However, they were confident that if they should do so, they would be listened to and action would be taken to address their concerns.

#### End of life care and support

- The service had an end of life policy to help ensure staff would support people in a dignified and sensitive way. Where appropriate, end of life wishes had been discussed with people at the point of the initial assessment and included in care plans.
- The electronic care planning system highlighted when individuals had a Do not attempt cardiopulmonary resuscitation (DNACPR) decision in place.

# 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.

This is the first inspection for this newly registered service.

This key question has been rated 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 a series of audits to monitor the quality and safety of the service. However, there was no specific timetable for some of the audits to take place and it was not always clear from the records what corrective action was required and the timescales for completion. Following the inspection, the registered manager sent us a revised audit schedule and told us they would improve their records to be clearer about any action required and how completion would be monitored.
- Staff knew what was expected from them. The provider had a range of policies and procedures to guide staff about their roles and responsibilities.

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

- The provider's statement of purpose set out the aims and objectives of the service so that staff knew what was expected of them. The registered manager told us the ethos of the service was, "Person-centred care which puts the customer in the lead all the time."
- People who used the service, their relatives and staff spoke positively about the service and the support provided. Comments made included, "I like that it's a smaller company with the personal touch" and "I feel clients are at the forefront, but staff are cared for as well."

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 provider had a policy to ensure they and the registered manager acted in accordance with their legal responsibility in relation to the duty of candour when required. There had been no incidents which had required the use of this policy since the service was registered with CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had several methods of engaging with people who used the service and staff to gather their feedback. These included meetings, surveys and regular conversations. We saw the responses from the most recent survey were largely very positive.
- People we spoke with told us the fact the company was small meant it was easy to contact managers to provide feedback or make suggestions.

- Staff told us they felt valued by the organisation. Comments made included. "It's an absolutely fantastic organisation. They pay over the minimum wage and are very appreciative of staff; we are well looked after" and "It's a good place to work. It's the flexibility. They work around me and my caring responsibilities. It makes me feel valued."

#### Continuous learning and improving care

- The provider had introduced a number of ways to reward staff for providing high quality care. People who used the service, their relatives and other staff were able to put forward the names of people they felt should be recognised for providing excellent care.
- The registered manager told us they were committed to a process of continuous improvement for the service. They commented, "I am constantly looking at how we can achieve better for customers, management and staff. I have an improvement plan and am keen on encouraging staff to grow for the benefit of themselves and customers." They told us they were in the process of investing in a training academy for their staff and had introduced a number of systems to improve the delivery of the service, including the electronic care planning system which staff told us they felt was a positive development.

#### Working in partnership with others

- The registered manager was committed to working alongside relevant external stakeholders. They told us they worked with diabetic nurses, social workers, district nurses, the police community engagement officer, housing associations for the benefit of people who used the service.
- The registered manager told us how, at the start of the pandemic, they had purchased PPE from their own funds and distributed this to the voluntary sector and had also distributed food parcels to vulnerable people in the local community.