Quality of Care Review

Station House Residential Care

Six-month reporting period: 1 April – 30 September 2026

Prepared for internal quality assurance and Care Inspectorate Wales review

Report date: October 2026

Evidence base: management accounts of practice, resident examples, audits, meetings, monitoring arrangements and professional feedback supplied for this review. Documentary records should be checked against this narrative before formal sign-off.

Purpose and approach

This report evaluates the quality of care at Station House under four themes: Well-being; Care and Support; Environment; and Leadership and Management. It draws together practical examples of how the service identifies needs, adapts support, promotes individual outcomes and responds to improvement opportunities. It distinguishes established practice from planned developments. Examples are anonymised to protect residents' confidentiality.

The strongest evidence is not simply that a process exists, but that it has made a difference to an individual. Where a benefit has not yet been measured, this report describes the intended benefit rather than presenting it as a proven outcome.

Executive overview

The material provided indicates particular strengths in knowing residents well, maintaining continuity without agency staff, promoting choice and independence, securing timely healthcare, adapting the home and activities to individual needs, and maintaining frequent management oversight. Key examples include a resident becoming independent with eating through adapted equipment, the creation of a backstage production role to support participation without anxiety, and the proactive response to medication-supply concerns.

Priority areas for continuing evaluation include the reliability of medication deliveries, completion and evaluation of environmental works, evidence of the impact of actions arising from audits and visits, and the proposed trial of a consolidated digital recording system.

1. Well-being

Person-Centred health and emotional support

At Station House, residents' physical, emotional, psychological and social well-being is central to everyday support. Annual GP health checks are arranged; staff monitor appetite, hydration, sleep, behaviour, mobility, mood and general presentation and seek appropriate healthcare advice when changes are observed. Access is facilitated to GPs, dentists, podiatrists, ophthalmology, audiology, opticians, specialist nurses and other professionals.

Responsive healthcare and improved access

Identified need / evidence: Staff noticed a change in

1 A resident's eye presentation; 2 timely NHS chiropody appointments were difficult to obtain.

Action taken: 1 A same-day appointment with an eye consultant was arranged. **2** Station House also introduced a private chiropodist to provide more timely foot-care access.

Outcome / evaluation: The resident obtained specialist assessment without unnecessary delay. The private service provides a more responsive route to appointments; continued effectiveness should be checked through appointment records.

Staff liaise with GPs and Speech and Language Therapy (SALT) for specialist diets, swallowing or fluid advice and nutritional supplements where required. Weight is monitored to help identify changes in health or nutritional intake; when residents cannot stand safely on ordinary scales, Station House liaises with the community hospital to use seated weighing scales. Blood pressure is also monitored in partnership with the GP surgery where required.

Nutrition, movement and inclusive activities

Menus offer nutritious options and involve residents in choosing food. A "Colours of the Rainbow" activity encourages people to identify a range of fruit and vegetables, for example carrots, bananas, tomatoes, broccoli, cabbage, strawberries and blueberries. Residents are encouraged to use gym facilities if appropriate; alternatives include seated yoga and a seated exercise bike, as well as walks and dancing. Participation takes account of abilities, preferences and individual risk assessments.

Emotional well-being and remembrance

Staff make time for residents to discuss feelings and concerns and recognise potentially difficult dates, including Mother's Day, Father's Day, birthdays and anniversaries relating to bereavement. The memorial garden contains named remembrance stones and meaningful planting, offering a place for reflection. Staff use familiarity with individual histories to provide sensitive reassurance and respect differing wishes about remembrance.

Voice, relationships and meaningful lives

Residents have at least six meetings per year and discuss matters such as holidays, destinations and travelling companions. They choose experiences including a European cruise, Harry Potter World and visits to the south coast of England. Personal goals are recorded and reviewed every three months, including aspirations connected with the Clocktower production "Music Through the Decades".

Participation despite performance anxiety

Identified need / evidence: A resident wanted to remain involved in a show but became anxious about performing.

Action taken: Staff created a Production Manager role responsible for props and backstage arrangements.

Outcome / evaluation: The resident remained involved, took pride in the responsibility and ultimately felt confident enough to take a bow on stage.

Relationships are sustained through family visits, video and telephone calls. One resident is supported to visit a relative in another care home weekly. Another obtained a phone suited to hearing and vision needs and can now contact family independently. Two residents were supported to join a local football team and have developed friendships there. Residents also connect with local church events, the library, community choir performances and work opportunities at Ability Grows and Quirky Ability.

Animal interaction offers purposeful experiences, including feeding and caring for qails and guinea pigs, dog walking and safe interactions with farm animals. Staff describe these activities as therapeutic; individual feedback and observations should be retained to evaluate benefits.

Well-being assessment

The examples illustrate an enabling approach: residents make choices, maintain connections and receive adaptations to pursue their interests. In the next review, the service should capture more direct resident feedback and outcome measures, such as whether new equipment continues to sustain independence or whether chosen activities remain enjoyable.

2. Care and Support

Assessment, personal planning and review

Care and support plans are reviewed monthly using staff observations, progress, incidents, accidents, illness, professional input and feedback from residents and families. More comprehensive person-centred reviews take place every three months; families are consulted where appropriate, and progress towards agreed personal outcome goals is reviewed at that interval. Residents are involved and encouraged to exercise voice and control. Each resident also has a monthly reviewed Active Support Plan, informed by individual interests and activity choices.

A small, consistent staff team, without agency staff, supports relationships and knowledge of residents' usual presentation, communication methods and preferences. Staff updates communicate changes in individual support arrangements. New environments and unavoidable changes in routine are prepared for in advance, with proportionate risk assessments.

Responsive care, communication and reasonable adjustments

Staff monitor changes in behaviour, sleep, appetite, mobility and alertness and communicate relevant concerns to clinicians. Familiar staff can identify subtle changes and use photographs, preparation, clear explanations and reassurance to make care more accessible.

Support with fear of needles

Identified need / evidence: A resident was highly anxious about blood tests and injections.

Action taken: Staff used imitation syringes, photographs, hospital familiarisation visits and distraction, taking an individualised gradual approach.

Outcome / evaluation: The resident was supported to build familiarity and confidence; the outcome of any subsequent clinical procedure should be evidenced separately.

Continuity during hospital admission

Identified need / evidence: A resident required admission to hospital and familiar support was especially important.

Action taken: Station House staff supported the resident and worked alongside hospital Learning Disability Nurses.

Outcome / evaluation: The nurses gave positive feedback about the support provided. This offers external professional recognition; any written comments should be filed with the review.

Independence as a care outcome

Adaptive eating utensils have enabled one resident who previously needed assistance to eat independently. Adapted drinking aids help others access drinks without physical help. A specialist wash-and-dry toilet was selected to support personal hygiene and privacy while addressing potential infection risks. A lower vehicle was obtained when some residents had difficulty entering and leaving the previous car. These are examples of support being adapted rather than automatically increasing dependence on staff.

Positive risk management

Station House has a Positive Risk Management Policy; staff receive risk-management training and discuss assessments with residents. Risk assessments are reviewed monthly and following relevant changes or incidents. Higher-risk activities are considered for proportionate adjustments rather than automatically ruled out.

Enabling dancing

Identified need / evidence: A resident who is unsteady on their feet enjoys dancing at discos.

Action taken: One-to-one staff support is provided when dancing.

Outcome / evaluation: The resident can continue taking part in a valued social activity with assistance proportionate to the identified fall risk.

Night-time epilepsy support

Identified need / evidence: A resident with epilepsy usually experiences an aura and might otherwise seek help by descending stairs at night.

Action taken: An alarm was installed so the resident can call staff from the bedroom when warning symptoms occur.

Outcome / evaluation: A safer means of summoning help is available.

Holidays and proportionate staffing

Individual holiday risk assessments consider unfamiliar settings, health, mobility, supervision and emergency arrangements. Where assessed as needed, two staff accompany residents. One can check the suitability of a location before entry while another remains with the resident; in an emergency one can reassure while the other seeks assistance. Familiar staff also help with navigation and anxiety. Travel sickness wristbands were purchased for the cruise as an intended comfort measure; their benefit should not be presumed without feedback or evidence.

Behavioural support and safe practice

Staff receive training relating to each resident's individual behavioural support plan; plans are reviewed at least every three months or sooner following significant changes. Staff also receive breakaway and Respect training. Staff are trained in personal care, dignity and respect, as well as specialist topics including wheelchair competence, epilepsy and buccal medication administration where relevant to care.

Medication safety and supply

Medication is subject to monthly audits, daily stock checks and evening MAR reviews, with medication signed in and out when residents are away. Stock is monitored to minimise shortages and the supplying pharmacy sometimes carries out audits. Diane Roberts and the Assistant Manager have completed medication competency assessor training and assess staff competence.

Management identified that deliveries could arrive inconsistently and some medicines were dispensed on the day required, leaving little time to resolve discrepancies. Contact was made with the NHS Medicines Management Team. This is an identified improvement issue; reliable supply and any agreed changes should be confirmed before it is marked resolved. MAR signatures should be reconciled with administration evidence and exceptions acted upon.

Care and Support assessment

The service demonstrates regular review, tailored interventions, early recognition of changes and active support for choice. Further assurance should focus on completed actions following professional advice, resident consent and communication records, outcomes of specialist interventions and evidence that updated plans are reflected in daily practice.

3. Environment

A home shaped by residents

Residents are encouraged to personalise bedrooms with chosen colours and themes, including favourite football teams and animals. Staff seek consent before entering private spaces and support individuals to keep them comfortable and tidy in accordance with their preferences. The home aims for a calm, welcoming atmosphere, supported by positive relationships, familiar routines and consideration of noise, lighting and sensory needs.

Investment and refurbishment

Station House reports recent redecoration throughout, new communal furniture and a television, redecoration of the office, refurbishment of the laundry area, and new flooring in a bedroom and kitchen. Lighting has been replaced in the living room.

Planned Investment and refurbishment

Over the next six months it is planned that the whole drive will be tarmacked. We are having a new bathroom upstairs with a walk-in bath and shower.

Accessibility and enabling equipment

A downstairs wet room supports residents who cannot use upstairs facilities. Handrails alongside steps assist mobility. The specialist wash-and-dry toilet supports dignified, more independent hygiene, while adapted drinking and eating equipment supports daily living. Specially designed kitchen knives allow residents to participate in food preparation with appropriate supervision. Raised planting beds and a greenhouse widen access to gardening and meaningful activity.

The memorial garden, with named stones and plants, enables remembrance. The wider farm environment provides opportunities for supported animal interaction with alpacas, ponies, goats and smaller animals. The appropriateness of spaces and activities is assessed against individual needs and safe practice.

Infection prevention and housekeeping

Staff undertake regular cleaning, involving residents appropriately in maintaining their home. Bodily-fluid spill kits are available. Clear walkways are encouraged, staff remove clutter and complete slips, trips and falls training. An external Public Health Directorate visit on 11 May 2026 reportedly described the service as homely, and a further visit in early June 2026 reportedly praised infection control efforts, including the “amazing effort” and “important difference” made by staff and management.

Station House reports a current Food Hygiene Rating of 5 (“Very Good”), indicating the highest food hygiene rating at the time of assessment. The certificate or inspection record should be attached as independent evidence.

Fire, water and site security

Fire drills are undertaken every three months; staff and residents know the assembly point. Residents have individual emergency evacuation arrangements (PEEPs). Annual fire risk assessments are arranged through independent specialists, reported as Capital Fire. Diane arranges annual Legionella risk assessments and quarterly specialist water testing.

Visitor identity is checked and external security cameras are installed.

Environment assessment

Completed works and adaptations show attention to comfort, safety and individual independence.

4. Leadership and Management

Visible leadership and quality assurance

Diane Roberts oversees monthly health and safety and medication audits, reviews staffing levels and plans staff training and development in response to residents' and employees' needs. Monthly Regulation 73 monitoring visits, some unannounced, provide opportunities to speak with residents and staff, review practices, identify issues and create improvement actions.

From Regulation 73 feedback to action

Identified need / evidence: Visits identified overgrown vegetation on adjoining railway land, outdoor clutter and resident interest in visiting dogs and quail.

Action taken: Diane contacted the railway organisation and arranged vegetation clearance, ordered a skip to remove clutter and consulted residents and staff before completing relevant animal-interaction risk assessments.

Outcome / evaluation: These actions show that issues and suggestions identified during visits led to practical responses..

Acting on a resident's choice

Identified need / evidence: During a monitoring visit, a resident asked to go to their favourite football team's museum.

Action taken: The requested visit was organised.

Outcome / evaluation: The resident's wish influenced an actual opportunity, illustrating voice and control within governance processes.

Engagement with oversight bodies and external professionals

Diane works with the Care Inspectorate Wales inspector and the local authority contracts and monitoring team. During a recent Regulation 73 visit she reviewed infection prevention policies, procedures and records and liaised with the Public Health Directorate. External visits in May and June 2026 reportedly resulted in positive comments on the homely environment and infection control practice. Independent assessments are arranged for fire safety and Legionella risks, with specialist quarterly water testing.

Staff support, oversight and professional development

Diane supports employees with workplace concerns and individual needs, delegates responsibilities and monitors completion. She leads at least six staff meetings and six residents' meetings over a 12-month period. Staff performance and conduct are monitored through supervision, annual appraisals, spot checks, training, and feedback from other professionals. Individual development plans follow annual appraisals.

Training matrices track mandatory, refresher and role-specific learning. Diane organises external, in-house and FlexiBee training, including Positive Behavioural Support, risk management, wheelchair competence, epilepsy, buccal medication administration, personal care, dignity and respect, breakaway and Respect training. Staff are supported to complete relevant QCF/health and social care qualifications. The management team communicates professional standards, including the Social Care Wales Codes of Professional Practice updated in July 2026.

Diane and the Assistant Manager completed medication competency assessor training earlier in 2026 and undertake staff assessments within their trained scope. Further management medication training identified elsewhere in the review should be distinguished from this already completed qualification.

Workforce checks and induction

Management monitors relevant Social Care Wales professional registration, arranges appropriate DBS checking and rechecking, and carries out annual driving licence checks for relevant drivers. New staff undertake induction aligned with the All Wales Induction Framework. DBS certificates do not have a universal expiry date; records should show the rationale and policy for rechecks.

Incident learning, safeguarding and security

Staff receive whistleblowing training and refreshers. Accidents, incidents and injuries are investigated; body maps document injuries and the cause is explored. Post-event supervision is used to review actions, risk assessments and behavioural support plans and consider how recurrence can be prevented. Early resolution is encouraged, but any concern, accident, incident or injury meeting the threshold for safeguarding referral or statutory notification is reported promptly regardless of internal action already taken. Visitor ID checks and external CCTV contribute to premises security, subject to proportionality and data protection.

Recording systems, innovation and improvement

An online system records daily observations, activities, health and well-being, giving Diane management access on site or remotely when needed. At the Care Show in Birmingham, management identified potential software that might consolidate two existing computerised systems into one. A trial is planned over the coming months to evaluate usability, reliability, duplication, security, record continuity, staff experience and costs; no implementation or efficiency gains are yet claimed.

Leadership assessment

Management has described frequent oversight, investment in staff capability, responsiveness to residents and engagement with external partners. Priorities are to evidence closure and impact of actions arising from audits and visits, resolve medication supply risk, evaluate learning from incidents and complete the software trial before deciding on adoption.

5. Overall Conclusion

Station House has presented a substantial body of practical examples showing a person-centred, proactive and enabling approach to residential care. Across the four themes, the recurring strength is the service's willingness to respond to residents as individuals: arranging specialist health input quickly, preserving everyday independence through equipment, adapting activities when anxiety arises, supporting community membership and maintaining a home that reflects personal identity.

The care-planning and management systems described provide regular opportunities to recognise changes and act. The report also identifies credible external feedback, including positive comments from hospital Learning Disability Nurses and the Public Health Directorate and a reported Food Hygiene Rating of 5. We received written feedback from one of the professionals who visits Station House and their comments were very positive. See Below

Your professional feedback

What does Station House do particularly well? Please give an example if possible.

What stands out most is the genuine commitment to helping people live full and meaningful lives, rather than simply focusing on their support needs. Staff take the time to know the people they support well and work creatively to help them achieve things that are important to them.

A good example of this was the planning and support provided for a recent holiday. There was clear thought and preparation to ensure the person could enjoy the experience safely, while still maintaining their independence and making the most of the opportunity. The balance between enabling positive experiences and managing risk was particularly impressive.

There is also a strong sense of partnership working, with staff communicating openly with family members and professionals and responding positively to suggestions or changes when needed. This helps create a supportive, person-centred environment where people feel valued, respected and empowered.

Have you observed a positive outcome for a resident arising from staff support or multidisciplinary working?

Yes. I have observed positive outcomes where staff have worked closely with family members and professionals to support an individual's health, wellbeing and quality of life. Staff were proactive in identifying concerns, seeking appropriate healthcare input and implementing agreed recommendations. Through regular communication and a coordinated approach, the individual's needs were monitored effectively, resulting in improved wellbeing and greater participation in everyday activities.

What was particularly noticeable was the way staff worked together with others around the person, ensuring that support remained consistent and focused on the individual's goals and preferences. This collaborative, person-centred approach helped achieve positive outcomes whilst maintaining the person's dignity, independence and overall quality of life.

What could Station House improve, including communication or implementation of professional advice?

Overall, communication and implementation of professional advice are good, and staff are receptive to feedback and recommendations. If there was one area for further improvement, it would be ensuring that all professional advice and agreed actions are consistently documented and reflected in care records as promptly as possible. This would provide an even clearer audit trail and support continuity of care across the team.

Communication with professionals is generally positive and collaborative. Continuing to build on this by sharing updates proactively and confirming when recommendations have been implemented would further strengthen partnership working and help ensure that everyone involved remains informed of progress and outcomes.

These are relatively minor points, and they reflect opportunities for further development rather than significant concerns. Overall, the service demonstrates a willingness to learn, adapt and work constructively with others in the best interests of the people it supports.

Are there any concerns that you have raised which have not been satisfactorily addressed?

No. Any concerns or recommendations that I have raised have been addressed appropriately and in a timely manner. Staff have been receptive to professional input and willing to engage in discussion where required.

Where suggestions have been made, there has been a positive response, with evidence of a collaborative approach to problem solving and a willingness to implement changes where these are in the person's best interests. I have found communication to be open and constructive, and I have no outstanding concerns at this time.

What is your overall assessment of the quality of care provided by Station House?

My overall assessment is that the service provides a good standard of person-centred care. Staff demonstrate a genuine commitment to supporting individuals in a way that promotes dignity, choice, independence and quality of life. They appear to know the people they support well and take account of their individual needs, preferences and aspirations.

I have found the staff team to be approachable, professional and responsive to advice and recommendations. Communication with health and social care professionals is positive, and there is a clear willingness to work collaboratively to achieve the best possible outcomes for the people living there.

The service also demonstrates a positive approach to risk management, supporting individuals to access meaningful opportunities and experiences while ensuring appropriate safeguards are in place. Overall, I would describe the care provided as compassionate, person-centred and focused on enabling people to lead fulfilling lives.

Overall rating: X Excellent ☐ Good ☐ Needs improvement ☐ Significant concern ☐ Unable to judge

Improvement and assurance priorities

Priority	Action	Lead	Evidence of completion
Medication supply	Agree and evidence reliable delivery/dispensing arrangements; monitor discrepancies	Management / pharmacy / NHS Medicines Management Team	Follow-up audits and supply logs
Digital recording	Trial consolidated software; test security, practicality and duplicate-entry reduction	Diane Roberts and Assistant Manager	Documented trial and staff feedback
Premises improvement	Complete planned driveway resurfacing and review accessibility	Management / maintenance	Completion record and resident feedback

Audit action tracking	Record owner, deadline, completion and impact for audit/Regulation 73 findings	Management	Action log and follow-up evidence
Individual outcomes	Capture resident feedback and measure whether adaptations and activities remain beneficial	Key workers / management	Personal plan reviews and resident feedback
External evidence	Attach relevant ratings, inspection comments and specialist assessment follow-ups	Management	Evidence index and filed reports

Report sign-off

Prepared by: Diane Roberts Date: 14.10.26