

The Airedale Nursing Home Limited

The Airedale Nursing Home

Inspection report

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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

The Airedale Nursing Home is a care home providing personal and nursing care to 50 people on the day of the inspection. The service can support up to 57 people in a building made up of two units across three floors. One wing has been adapted and one wing is purpose built.

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

People told us they felt the care and support they received at The Airedale Nursing Home was safe and that staff understood their needs well.

Risks to people were identified and monitored. Clear guidance was in place for staff on how to support people with these risks.

Staff understood their responsibilities to safeguard people from harm and how to report their concerns internally and externally to local safeguarding authorities.

Medicines were managed safely, and staff worked with other healthcare professionals to meet people's health related needs.

Staff treated people kindly and there was a friendly atmosphere in the home. People's personal information was kept confidential and their dignity and privacy was promoted and respected by staff.

There were enough staff to meet people's needs. Staff had regular supervision and training specific to people's needs.

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 had enough to eat and drink and told us they enjoyed their meals.

People and their relatives were involved in discussions about their care.

People experienced personalised care, which supported them to feel valued, and well cared for.

The activities coordinators and volunteers worked hard along with care staff to identify ways to provide a range of activities and occupations that appealed to all.

The provider's governance systems and processes were effective and supported the registered manager to drive continuous improvements.

Rating at last inspection

The last rating for this service was Good with a rating of 'Requires Improvement' in the key question 'Safe' (published March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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.

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

The Airedale Nursing Home

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

This inspection was carried out by two inspectors and an assistant inspector.

Service and service type

The Airedale Nursing Home 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.

The service had two managers registered with the Care Quality Commission who shared the responsibility of managing the service. 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 eleven people who used the service and one relative about their experience of the care

provided. We spoke with twelve members of staff including the provider, two registered managers, two care team leaders, two nurses, care workers, an activities volunteer, a house keeper, the chef and a maintenance staff member. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with the activities coordinator by telephone as they had not been at work on the day of the inspection.

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 'Requires Improvement'. At this inspection this key question has now improved to 'Good'.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the service and their families told us they felt safe. One person said, "I do feel safe here. All visitors have to sign (the visitor's book) and people don't come into your room."
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They knew how to report any concerns they had both internally and to other bodies such as the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risk assessments were up to date and were detailed enough to guide staff. Staff understood where people required support to reduce the risk of avoidable harm. Records used to monitor risks such as falls, fluid, nutrition, and pressure care were well maintained.
- The environment and equipment was safely used and well maintained.
- Personalised emergency evacuation plans were in place to ensure people were supported in the event of an emergency such as fire.
- The provider had ensured appropriate equipment to evacuate people in the event of an emergency was in place.

Staffing and recruitment

- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.
- Where the service employed staff under the age of 18, the provider confirmed they did not undertake certain duties and worked under supervision. Following the inspection, they confirmed a risk assessment had been completed to reflect this on the staff member's records.
- There were enough staff and they were easily visible throughout the building. The provider confirmed they increased staffing numbers depending on the needs of people using the service.
- Although staff were busy, we observed they responded to call bells quickly and people's support was not rushed.

Using medicines safely

- People received their medicines safely and as prescribed. One person told us, "I get [my medicines] at the right times. They are very good at that."
- Staff had received training on how to manage and administer medicines and confirmed the provider

checked their competency following training.

- Systems were in place to ensure that medicines were managed appropriately, such as stock checks and regular audits.

Preventing and controlling infection

- The service was clean and tidy. Before a new resident moved into a room it was routinely deep cleaned and redecorated to make sure it was clean and fresh.
- The provider had infection control monitoring systems in place to ensure people were protected from the risk of infection.
- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.

Learning lessons when things go wrong

- Incidents and accidents were managed effectively and used to support the service to develop and improve.
- Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.

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.

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained the same.

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

- People's needs had been assessed prior to admission in line with legislation and up to date guidance.
- The assessments identified people's needs in relation to issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health, personal care, specific health conditions and communication.
- This information had been used to develop care plans to support staff to understand how to meet people's needs.
- Care and support was reviewed and updated as people's needs changed. Appropriate referrals to external health and social care services were made as necessary to ensure people's needs were met effectively.

Staff skills, knowledge and experience.

- People told us staff had the skills and knowledge to support them well. One person said, "I don't think they could be better; all of them are so well trained."
- Staff received training and support to enable them to carry out their roles effectively and they knew people's needs and how to support them well. If staff were not trained in relation to a specific condition a person admitted to the home was living with, the provider sought training for them. For example, staff had recently received training in tracheostomy care from a specialist nurse. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe to help you breathe.
- Staff completed an induction programme at the start of their employment. This included shadowing experienced staff until they, and the registered managers were satisfied they were sufficiently competent to work alone.
- The registered managers and staff confirmed there was a programme of staff supervision. Staff told us they received support as and when needed and were confident to approach the management team and the provider for additional support at any time.

Supporting people to eat and drink enough with choice in a balanced diet.

- We saw snacks and drinks were available throughout the day for people to eat if they wished.
- The food at lunchtime was of a high standard and people told us they enjoyed it. One person said, "The food is good here, no doubt about it. There is always a choice."

The provider told us that people were regularly involved in planning the menu. In addition, once a week, people took turns to choose their favourite meal. This meal was then cooked for them and anyone else who wished to have it.

- We saw tables were nicely laid and people chose who they sat next to and staff tried to ensure that people had a pleasant mealtime experience. We saw people who ate in their rooms were supported well by staff.
- Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support.

- Staff knew people's needs very well and ensured that any changes in a person's condition was noted and discussed with the management team.
- They worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff made referrals to professionals such as GPs, Community Nurses, Opticians and Chiropodists as necessary.

Adapting service, design, decoration to meet people's needs.

- The Airedale Nursing Home is an adapted building, originally three houses that have been joined together. There was access from the lower ground and ground floors to exceptionally well designed and maintained gardens. These were used and enjoyed by people and their families throughout the day of our inspection.
- The premises met people's needs well because the provider and the registered managers had worked hard to create a 'home from home' environment.
- It was clean and tidy without being clinical. This was due to many personalised features, such as photographs, pictures, and fresh flowers throughout the building that created a welcoming environment.
- People's bedrooms were personalised and comfortable. En-suite facilities were available in all rooms.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- People's care records contained information on how staff supported them to make day to day choices and decisions. Where people did not have the mental capacity to make decisions, they were supported to have maximum choice and control of their lives, ensuring their rights were protected.
- The policies and systems in the service supported this practice.
- The manager understood their responsibility to make an application for deprivation of liberty to the authorising authority whenever it was considered appropriate.
- We observed that staff routinely consulted with people and asked for their consent before providing care.

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.

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained the same.

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; equality and diversity.

- People we spoke with were positive about staff. One person said, "I don't think it could be any better, I didn't expect all of this fuss, even the queen couldn't be treated like this. They come in and ask you, "Is this alright [name]?" Anything I want. All those little things; they couldn't be kinder."
- It was clear from our observations that staff were kind, valued the people they supported and developed genuinely positive relationships with them.
- Staff knew people's needs well and we saw that they were able to anticipate their needs and provide prompt assistance.

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

- People confirmed they had been involved in making decisions about their care and support.
- Throughout the inspection we saw staff asking people for their views and supporting them to make choices about such things as what to eat, where to sit, whether to participate in an activity.

Respecting and promoting people's privacy, dignity and independence.

- People's right to privacy and confidentiality was respected and confidential information was appropriately stored.
- We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice.
- People were supported to maintain relationships with their friends and family and people told us their visitors were made to feel welcome. One person said, "They welcome my family with open arms."
- People were supported to maintain their independence. One person said, "[Staff] encourage me to be independent but will help me if I want them to."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating for this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Personalised care

- The service provided a person-centred care that was compassionate, thoughtful, and stimulating.
- Staff knew people's needs and preferences well and offered support that respected people's differences. They took care to attend to the small, but essential things that made a positive difference to each person's well-being. For example, one person had told staff they felt a draft on their neck when sitting in their chair. Within a few days the provider had bought a different chair with side wings to protect the person from the draft. The person said, "It makes you feel that [they] are kind and caring. They think of everything."
- Staff engaged well with the people they supported. Throughout the inspection we saw very positive relationships between people and all levels of staff. Throughout the building we saw care, domestic, maintenance and kitchen staff passing time with people, chatting and responding positively to people's needs. It was clear from these exchanges that people were valued and treated as individuals. One person said, "They make a point of talking to me about my life. They know me well."
- The service employed activities staff and volunteers who planned a varied programme of both group and individual activities taking into consideration people's individual interests. One person told us, "I love it when I go to [Church] for the coffee morning and the Victorian tea party at home."
- People were supported to maintain a sense of purpose by being part of the local community through contact with schools, churches and participation in local events. They were regularly involved in fundraising for charity.

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 registered managers ensured information was given in a way suited to people's individual needs. For example, they used a translation service to translate the welcome pack given to all people on admission to the service, into a language suitable to them, including braille.

Improving care quality in response to complaints or concerns

- The provider had a system for recording complaints and this was used to check types of complaints received and to use this information to make improvements to the service.
- The registered managers made themselves available to people and their friends/relatives with the aim that concerns or suggestions were addressed before a formal complaint was needed.
- People and their relatives were confident action would be taken to resolve any concerns raised.

End of life care and support

- The service had achieved a platinum award in the gold standard framework for end of life care. Staff completed in depth training in supporting people with sensitive, compassionate care at the end of their lives.
- People were supported to make decisions and plans about their preferences for end of life care.
- The registered managers and the provider told us they supported people's relatives and friends as well as staff, before and after a person passed away.

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.

At the last inspection this key question was rated as good. At this inspection the rating for this key question has remained the same.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider told us they promoted a person-centred culture by involving people, their relatives and all levels of staff in the development of the service. They spoke of working together as a team to create a person centred, family orientated service.
- The registered managers and staff had a good understanding of the provider's values. It was clear the culture of the service had developed in line with good practice guidance and a person-centred ethos.
- People and staff confirmed that they felt valued and part of a caring community within the home.
- The provider, registered managers and staff took pride in the service they were providing to people and showed a commitment to seeking continuous improvement.
- The registered managers were visible throughout the service and knew the people living there, their relatives/friends and staff well. They had a 'hands on' approach to their role which supported them to mentor staff and over-see the day to day life in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The management team and staff had good understanding of their roles and worked well together as a team to provide high quality care.
- Staff confirmed they received regular supervision and annual appraisal regarding their performance and to support their professional development.
- The provider and the registered managers carried out regular audits to check on the quality of the service and to support continuous improvements.
- The provider also made use of an external quality auditing company to ensure that quality monitoring was objective and robust.
- Information obtained through complaints, surveys, meeting, audits and the analysis of incidents was used to make continuous improvements to the service.
- When necessary, the registered manager sent notifications to the Care Quality Commission as required by law.

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

- People and their relatives told us they were able to share their views about the service and were able to contribute to making improvements.
- There were ways for people and their relatives to make their views known, including resident's and relative's meetings and surveys.
- Staff told us they felt very well supported by the registered manager's, that they had provided strong but fair leadership to the team and had enabled them to take pride in providing good care.
- Staff confirmed they regularly discussed areas for improvement and were encouraged to be part of positive change.

Working in partnership with others.

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.