

## 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 

## Overall summary

This inspection took place on 9 January 2015 and was unannounced.

The Airedale Nursing Home is a care home registered to provide accommodation for people who require nursing or personal care. The home provides a service for up to 57 people who may have a range of care needs including dementia, physical disabilities and sensory impairments. There were 46 people using the service at the time of this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that staff had been trained to recognise signs of potential abuse and keep people safe. People we spoke with confirmed they felt safe living in the home.

Processes were in place to manage identifiable risks within the service and ensure people did not have their freedom unnecessarily restricted.

# Summary of findings

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs, and we saw that the provider carried out proper recruitment checks on new staff to make sure they were suitable to work at the home.

Systems were in place to ensure people's medicines were managed in a safe way and that they got their medication when they needed it.

Staff had received training to carry out their roles, including support to achieve national health and social care qualifications.

We found that the service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed, and assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support.

People had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

The home had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

Staff provided care and support in a caring and meaningful way and people were treated with kindness and compassion. People's privacy and dignity was respected at all times.

We saw that people were given regular opportunities to express their views on the service they received and to be actively involved in making decisions about their care, treatment and support.

People's social needs were provided for. We saw people actively participating in and enjoying activities that had been arranged on the day of the inspection.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

Systems were also in place to monitor the quality of the service provided including satisfaction surveys, meetings and internal audits. We saw that action had been taken to address concerns that had been received and improvements that had been identified, as a result of internal audits and feedback from people using the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

We found that staff understood how to protect people from avoidable harm and abuse and risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs, and the provider carried out proper checks on new staff to make sure they were suitable to work at the home.

People's medicines were managed so that they received them in a safe way.

Good



### Is the service effective?

The service was effective

We found that people received effective care from staff who had the right skills and knowledge to carry out their roles and responsibilities.

The home acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Good



### Is the service caring?

The service was caring

We saw that people were treated with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Good



### Is the service responsive?

The service was responsive

People received personalised care that was responsive to their needs.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Good



### Is the service well-led?

The service was well led

There was effective leadership in place and we found that the service promoted a positive culture that was person centred, inclusive and empowering.

There were systems in place to support the service to deliver good quality care.

Good



# The Airedale Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and was carried out on 9 January 2015 by two inspectors.

Before the inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority, who have a quality monitoring and commissioning role with the home.

During the inspection we used a number of different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences.

The registered manager was not available during the inspection but we did speak with the provider, the deputy manager, four nursing and care staff, the head cook, the home's activity coordinator, a volunteer activity coordinator and two maintenance personnel. We also spoke with or observed the care being provided to 16 people living in the home.

We looked at care records for six people, as well as other records relating to the running of the service such as staff records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

# Is the service safe?

## Our findings

Everyone we spoke with confirmed they felt safe living in the home. One person said, “Yes I do feel safe here, the staff make me feel like that.” Another person told us, “I have no worries about my safety.”

Staff confirmed they had recently received information to support them in understanding signs of potential abuse, and how to keep people safe. They told us that further training was planned for later in the month. One member of staff who was not part of the nursing and care team, demonstrated that had received important information as part of their induction about abuse and how to keep people safe. They understood that this was important because although they were not providing direct care to anyone, they were still working in close proximity to vulnerable people and needed to be able to recognise the signs of abuse in the event of a possible incident occurring.

Information was on display in a communal area of the home which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Records we looked at confirmed that staff had received training in safeguarding and that they followed locally agreed safeguarding protocols.

The deputy manager spoke to us about how risks to people were assessed to ensure their safety and protect them. She described the processes used to manage identifiable risks to individuals and generally within the service. We found that individual risks to people such as falls and skin integrity had been assessed and reviewed on a regular basis, to ensure the identified risks were being properly managed.

We spoke with a number of different staff about the arrangements for ensuring the premises was managed in a way that ensured people’s safety. We saw that routine checks of the building and servicing of equipment had taken place on a regular basis, and clear systems were in place for staff to report and address maintenance issues.

Records were being maintained of incidents and accidents that had occurred in the home. These had been reviewed by the registered manager to identify any themes and minimise the likelihood of a reoccurrence. These arrangements meant that risks to individuals and the service were being managed appropriately.

People living in the home told us there were sufficient numbers of staff to keep them safe and meet their needs. This view was also echoed by staff we spoke with. The deputy manager showed us a staffing tool that was being developed to help with rota planning and ensure adequate numbers of staff with the right skills were on duty across the service at all times. Information on staff rotas corresponded with the number of nursing and care staff on duty during the inspection. Additional planned support was provided on the day from catering, domestic, administrative and maintenance personnel.

Staff we spoke with described the processes in place to ensure that safe recruitment practices were being followed; to ensure the safety and wellbeing of people using the service. We were told that relevant checks had been completed before staff worked unsupervised at the home; these included employment references and criminal record checks to ensure staff were of good character. Recruitment records we looked at confirmed these checks were carried out prior to a new member of staff working at the home. This ensured that there were sufficient numbers of suitable staff to keep people safe and meet their needs.

People living in the home told us they received their medicines on time and in a safe way. One person said, “Staff give me my medication when I need it.” Another person told us, “Oh yes, I always have my medicine. If I need pain killers I get those as well.” We learnt that people could manage their own medication if they were able and wanted to do so.

Staff confirmed they had received training to ensure they administered medication safely. They demonstrated a good understanding about medication processes such as administration, management and storage. They also knew how and when to report a medication error.

We observed part of the morning and tea time medication rounds and found that people were given medication as prescribed. We heard staff explaining to people what their medication was for and checking if they needed any pain relief. Medication administration records (MAR) were well maintained and provided clear information about medication administration, along with missed/refused doses or use of PRN (when required) medications. We saw too that appropriate arrangements were in place in respect of medication storage, including temperature sensitive medicines.

# Is the service effective?

## Our findings

People told us that the staff had the right skills to support them and meet their needs. Staff we spoke with confirmed that they received training to carry out their roles, including support to achieve national health and social care qualifications. One member of staff told us that they had received a good induction when they had started working at the home, and this had helped them to settle in. They told us it had been long enough to enable them to understand people's needs and to experience the care they were expected to deliver.

Staff told us they received regular support in the form of supervisions, staff meetings and 'learning circle' meetings. They said that these meetings were held regularly and they found them to be of great benefit. We saw from meeting minutes that these were used to discuss feedback from people using the service and events that had happened in the home; to support staff and try to improve the service provided. Other records we looked at confirmed that relevant training had been provided to assist staff in caring for the specific assessed needs of people using the service. This demonstrated that people received effective care, based on best practice, from staff with the right knowledge and skills.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff confirmed they had received training in relation to the MCA and DoLS, to ensure that people who could not make decisions for themselves were protected. We spoke to the deputy manager about the arrangements in place to support people to make their own decisions. She understood the necessity to ensure Deprivation of Liberty Safeguards (DoLS) were in place for people who are unable to make decisions about their own treatment or care. Under DoLS arrangements, providers are required to submit applications to a "Supervisory Body" where someone needs more care and protection than others, to ensure they don't suffer harm. We saw that relevant paperwork had been completed for people who required mental capacity assessments and DoLS. Records detailed when such assessments needed to be reviewed, and we saw that the impact of any decisions made had been considered with supporting care plans.

We spent time observing how care and support was provided to people living in the home during an activity session and meal times. Although some people did not communicate using words, we observed that they were able to demonstrate their consent clearly through other means such as actions and physical movement. People were encouraged to make their own choices and decisions, as far as possible, throughout our inspection. Staff demonstrated that they understood people's needs well, and we noted that they explained in advance what they were about to do before they provided care and support to people. These arrangements meant that people's consent to care was sought in line with legislation and guidance.

People told us they had enough to eat and drink. They told us that the food they received was very good. One person said, "It is always so nice, I always get a lot of choice and have no concerns that I will be hungry." Another person said, "If we want seconds then we can have them." We spoke with the cook about nutrition and fortifying meals for those people at risk of malnutrition. They had a good understanding of people's individual preferences and dietary requirements, in order to meet their specific health and cultural needs.

We observed part of the evening meal which consisted of hot and cold options. Soft options were presented attractively, enabling the person to experience the individual flavours of each component of the meal. We saw that staff sat with people who required help with eating and drinking, making sure they were comfortable. Assistance was provided in a discreet manner and no one was rushed. Throughout the inspection we saw that people had fluids within easy reach, and that food and drinks were provided at regular intervals. This showed that people were supported to have sufficient to eat and drink.

We spoke to people about how the home supported them with their day to day health care needs. People told us that they always saw their doctor when they needed to. Staff told us that they felt well supported by external healthcare professionals who they called upon when people required more specialist support. We were told that the complex care team, who provide a nurse led service to local care homes with the aim of preventing unnecessary hospital admissions and GP call outs, were "amazing."

Records we looked at showed that visits to and from health care professionals had been recorded, and routine monitoring charts were being used to ensure people with

## Is the service effective?

specific care needs received the right care and support. This showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

# Is the service caring?

## Our findings

People told us that staff treated them with kindness and compassion. One person said, “Staff are very caring. They are all lovely, they look after us so well.” Another person said, “They always do their best for me and help me with whatever I need. It is not like being at home but it is the next best thing.”

We looked at some written feedback provided by relatives of people using the service in the last year. One person had written about the staff: ‘They demonstrate professionalism combined with consideration and a smile’. Another person had written: ‘All the staff I have met try to meet my mother’s needs as effectively as possible. She is shown kindness, care and patience’.

We found that all of the staff we spoke with demonstrated a good understanding of the needs of the people they were supporting, and the care they described was personalised and took into account people’s individual preferences and needs. One member of staff told us they looked for non-verbal signals which helped them to know how to respond to people who were not able to communicate easily using words.

We saw some positive examples of staff supporting people in a kind way. They listened to what people wanted and engaged with them on a meaningful level. For example, we saw staff supporting one person using a frame to walk to breakfast. They were encouraging the person to walk but not rushing them. There were friendly interactions between staff and the person as they stopped to chat with passing members of staff on the way. We also observed staff transferring people appropriately using moving and handling equipment. We noted that staff spoke to people during transfers, to ensure they understood what was happening, and we saw that people were relaxed in the presence of the staff who were supporting them.

People told us the staff responded to their needs quickly. A relative had also provided the following written feedback: ‘The staff make sure [the person’s relative] is comfortable and nothing is too much trouble when we seek them out for assistance’. Staff told us that emergency buzzers were available to assist them in summoning help when required. We observed during the inspection that call bells were in people’s reach and were answered promptly.

People told us that the staff were patient and gave them enough time to respond. We noted this to be the case when we observed staff responding to people who were living with dementia, who were at times confused.

People confirmed they felt involved in making decisions about their or their relative’s care. Written feedback we saw described the support that had been given specifically in relation to the end of life care that had been provided to people’s relatives. This demonstrated that staff had ensured that explanations about people’s care had had been provided to people in a way that was understood. Some of the comments we read included: ‘at every step along the way, staff were always ready to explain everything’ and ‘I could not have asked for more help’.

People told us their privacy and dignity was respected. A relative of someone who had used the service had provided the following written feedback: ‘staff afforded [the person] every dignity and respect to the end, informing him of what was being done for him [and] seeking his consent’. Another person had written: ‘knocking on the door whenever a member of staff attends is an excellent courtesy and display of respect’. Throughout the inspection we observed staff using discretion in the way they organised and provided care and support. We also saw that people were supported to be as independent as possible. For example at meal times we saw that people were provided with equipment such as different crockery; to enable them to eat their meal as independently as possible and in a dignified way.

# Is the service responsive?

## Our findings

People we spoke with told us that they, or those acting on their behalf, were able to contribute to the assessment and planning of their care. They told us they felt able to make choices and have as much control over their lives as possible. For example, some people said they preferred to stay in their rooms rather than socialise or eat with other people, and they had been supported to do so.

People told us they had been asked for information about their needs prior to moving in. The provider said that they used this information to plan whether or not they were able to provide a service to a prospective user and that they would not admit someone if they were not able to meet their needs properly. We learnt for example that a registered mental health nurse (RMN) had been employed to assist the home in providing a good service for people living with dementia.

Staff told us that people's care records helped them to understand the needs of the people they were caring for, and provided guidance on how to provide relevant care for them. Records we looked at supported this as they were both personalised and made reference to people's individual views and wishes. This included detailed information about people's specific needs including communication, continence, mobility and nutrition. Separate records and charts demonstrated the care and support provided to people on a daily basis.

We spoke with people about their social interests. We learnt that a variety of activities were provided. Photographs seen around the home showed people enjoying the various activities that took place. People also told us they enjoyed getting out into the home's garden in nicer weather. We noted the garden to be well-maintained and accessible for everyone, including people who use a wheelchair.

During the inspection, a visit from a PAT (pets as therapy) dog took place, and some people were seen visiting the

hairdresser and / or having their nails painted. They told us they enjoyed these sessions. We spoke with the home's activity co-ordinator and observed her working with people in an appropriate way. Suitable music was heard playing in the background in the communal lounge, and people were being encouraged to engage in conversations with staff and other people. Meeting minutes and records showed staff were regularly reminded of the importance of spending quality time with people and supporting them to follow their interests, in order to avoid social isolation and to support those who might be disorientated or confused.

People told us they would feel happy making a complaint if they needed to, but said they did not feel that they had anything to complain about. They told us they felt the staff team were approachable and that they would feel comfortable speaking with a member of staff if the need arose. Staff we spoke with were clear that they would report any complaints they received to a senior member of staff immediately.

The provider had a formal complaints policy but this was supplemented by people's ability to make complaints or raise concerns at any time, in less formal ways such as a suggestion book, meetings and questionnaires. We found that the service had received numerous compliments about the quality of the service provided. We also saw written information relating to concerns that had been raised by people using the service or their relatives, and the action taken in response. For example some people had made comments about the food provided to them, so appropriate steps had been taken to ensure they were offered alternative food to their liking in the future. We also saw that feedback from people was regularly discussed with staff during internal meetings, which showed that people's feedback was listened to and actions taken to improve the service, where required. This meant that arrangements were in place for the service to routinely listen and learn from people's experiences, concerns and complaints.

# Is the service well-led?

## Our findings

People told us there were opportunities for them to be involved in contributing to the running of the service. They told us about meetings and surveys, and we saw from records that the registered manager also spoke with people on a one to one basis, to provide them with the opportunity to comment on their views and experiences of the service provided. We saw that these were recorded, including actions taken as a result of people's feedback.

Staff confirmed there were regular opportunities for them to come together as a team or individually, to share information and to raise any concerns. We looked at 12 questionnaires that had been completed by staff in the last six months. These provided positive comments in terms of feeling comfortable to question practice and the day to day culture in the service. One person had written: '[The registered manager] will always listen and consider new ideas'.

Staff told us they were aware of the home's whistleblowing policy and felt comfortable reporting concerns to the registered manager or another senior member of staff. They were able to describe the home's internal processes for reporting concerns, and keeping senior managers, and external agencies such as the local authority and the Care Quality Commission, if required, informed.

Staff were clear about their roles and responsibilities. They knew what was expected of them to ensure people received support in the way they needed it. We observed staff working cohesively together throughout the inspection. This showed that arrangements were in place to promote a positive culture that was person centred, open, inclusive and empowering.

Everyone spoke positively about the management of the home. Staff said that the registered manager was very

supportive and approachable. A questionnaire completed by a relative of someone who had used the service recorded that: 'the combination of professionalism and genuine care in all staff from the manager downwards was remarkable and speaks of a wonderful team spirit'. Records showed that the registered manager had recently been awarded an 'outstanding achievement' following her completion of a national vocational leadership course in health and social care.

We learnt from speaking with staff and looking at records that the provider was very involved with the service and provided regular input and support to the manager and staff team. We also saw that they operated an internal reward scheme, to recognise good practice and hard work by staff.

The provider talked to us about the quality monitoring systems in place to check the quality of service provided, and to drive continuous improvement. In addition to questionnaires sent out to people using the service, relatives staff and external healthcare professionals, we were told that a number of internal and external audits took place. Records we looked at supported this and showed areas such as medication, care plans, the premises and people's food preferences had recently been audited with clear actions recorded when improvements had been identified.

The provider said they welcomed opportunities to support their understanding of their roles and legal obligations, for example through attendance at external provider forums and training. Records we looked at confirmed this. We also saw that the home had received an accreditation award from The National Gold Standards Framework (GSF) Centre in End of Life Care, for the high quality of care provided to people in the final years of their life.