

Bupa Care Homes (GL) Limited

Straven House Residential 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

Straven House Residential Home has a total of 24 beds and is part of BUPA Care Homes (GL) Limited. The service is registered to provide accommodation and personal care services for predominantly older people and people living with Dementia. There were 17 people living at Straven House at the time of the inspection.

We inspected Straven House on the 23 November 2015 and the visit was unannounced. Our last inspection took

place in September 2013 and at that time the service was meeting the regulations we looked at. However, at the time we did bring to the attention of the registered manager some areas of service delivery which could be improved.

At the time of this inspection the current manager was not registered with the Care Quality Commission. However, on the 8 December 2015 their application was

Summary of findings

approved by the Commission and they became the registered manager. 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. The previous registered manager had cancelled their registration at the end of September 2015.

People were very happy living at Straven House and we received positive comments about their experiences of the service throughout our visit. People told us they felt safe because the staff were caring and because the manager listened to them and ensured there were enough staff to meet their needs.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs and wherever possible people were involved in these processes. This ensured their needs were clearly identified and the care, treatment and support they received was meaningful and personalised. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals and where necessary care and support plans had been updated to accurately reflect people's changing needs. People experienced a lifestyle which met their individual expectations, capacity and preferences.

The home had a safeguarding policy in place which made staff's aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and kept them as safe as possible. The

care plans in place were person centred and contained individual risk assessments which identified specific risks to people health and general well-being, such as falls, mobility and skin integrity.

There were procedures in place in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager understood when an application should be made and how to submit one when required.

We found medication policies and procedures were in place and staff responsible for administering medication received appropriate training.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. We saw information relating to people's care and treatment was treated confidentially and personal records were stored securely.

People told us staff were responsive to their needs and when they asked for something this was provided. The activities plan for the home showed that daily activities took place and people were encouraged to participate in local community events.

We saw the complaints policy had been available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

Staff told us communication within the home was good and staff meetings were held to keep them up to date with any changes in policies and procedures or anything that might affect people's care and treatment.

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.

People told us they felt safe living in the home and comfortable in the company of the staff that supported them. Risks to people's health and safety were appropriately controlled to help keep people safe.

Medication policies and procedures were in place and prescribed medicines were being stored, administered and disposed of safely.

The staff we spoke with knew how to recognise and respond to allegation of possible abuse correctly and were aware of the organisation's whistleblowing policy.

Good



Is the service effective?

The service was effective

There was a planned programme of staff training, supervision and appraisals in place to ensure staff had the skills and experience to meet people's needs.

We saw documentary evidence which showed that people were referred to relevant healthcare professionals if appropriate and staff always followed their advice and guidance.

We found the location was meeting the requirements of the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own.

Good



Is the service caring?

The service was caring.

People told us they found the staff caring, friendly and helpful and they liked living at the home.

We observed throughout the day of inspection people were treated with dignity and respect.

People's information was treated confidentially and personal records and reports were stored securely.

Good



Is the service responsive?

The service was responsive.

Care plans were in place that reflected people's individual needs. Care plans were reviewed and updated as people's needs changed.

There was a range of activities for people to participate in, including activities and events in the home, and in the local community.

There was a complaints procedure in place and people we spoke with felt confident that if they made a complaint it would be dealt with appropriately and in a timely manner.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The manager provided staff with leadership and direction and was proactive in ensuring wherever possible both people who lived at the home and staff were involved in all aspects of service delivery.

People who were able told us the manager and senior management team were approachable and listened to what they had to say.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in the service and any non-compliance with current regulations.

Straven House Residential 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 took place on 23 November 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case experiences of services for older people.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We usually send the provider a Provider Information Return (PIR) before the inspection.

This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not send a PIR to the provider before this inspection.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at five people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with eight people who were living in the home, four relatives, four care staff, the chef and the manager. We also spoke with one visiting healthcare professional.

Following the inspection we asked the manager to send us some additional information including some equipment maintenance records. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People who used the service told us they felt safe at Straven House because the staff were caring and enjoyed what they did. We saw the service had policies and procedures in place to safeguard vulnerable adults. The staff we spoke with had a good understanding of how to identify and act on allegations of abuse and told us they were confident that any concerns reported to the manager would be dealt with promptly to help keep people safe. They also told us they knew how to contact the local authority safeguarding unit and the Care Quality Commission (CQC) if they had any concerns.

Risks to people's health and safety were appropriately assessed and managed. Where risks were identified, risk assessments and care plans were put in place covering areas such as skin integrity, falls and nutrition. Where incidents such as falls took place, incidents were recorded and preventative measures put in place to help prevent a re-occurrence. When people suffered falls, a falls diary was maintained to monitor the frequency and any underlying contributing factors. Staff we spoke with had a good understanding of their responsibilities with regards to reporting incidents to the manager for investigation.

Medicines were safely managed and people received their medicines as prescribed. Medicines were administered by trained care staff who demonstrated a good level of awareness of the medicines they were administering. We saw staff carefully checked medicines prior to administration to ensure people were receiving the correct medication. This included a thorough check of medicines pre-packaged by the pharmacy in dosette boxes.

We looked at medication administration records (MAR). We saw a photograph of each person was kept to ensure that people were correctly identified. This reduced the risk that medicines might be given to the wrong person. MAR's demonstrated that people received their medicines as prescribed and were generally well completed.

Stock balances of medicines were routinely monitored to ensure accountability of medicines and to ensure people had received their medicines as prescribed. We checked the stock figures against the actual amount held and found no discrepancies. This assured us that people were receiving their medicines as prescribed.

We saw arrangements were in place to ensure medicines were given at the correct time. For example; we saw that where medicines needed to be administered before meals arrangements were in place to ensure this was actioned. We saw medicines were given in a friendly manner by staff who explained to people why the medicines were being given and asked their consent.

Staff told us that nobody within the home completely self-medicated but we saw arrangements were in place to enable some people to administer topical creams themselves. This demonstrated the service recognised the importance of allowing people to maintain this aspect of their independence.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw that controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Arrangements for the administration of medicines prescribed as and when required (PRN) protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given and how many tablets had been given. In addition, we saw the manager ensured everyone who was prescribed anti-psychotic medication was regularly reviewed by a doctor as part of a strategy to reduce the number of people prescribed these types of medicines.

The manager told us sufficient staff were employed for operational purposes and that staffing levels were based on people's needs. The staff we spoke with confirmed this and told us there were enough staff deployed to ensure safe and appropriate care was delivered to people. We asked people who used the service and their relatives if staffing levels were adequate and they told us they thought there were sufficient staff on duty at all times. One relative said, "Yes, I think so and they all know all the residents and they treat them nicely." Another person said, "I know all the staff, there are no strangers. There always seems to be enough on duty."

We saw there was a recruitment and selection policy in place which showed all applicants were required to complete a job application form and attend a formal interview as part of the recruitment process. The manager

Is the service safe?

told us during recruitment they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working in the care sector.

We looked at four staff employment files and found all the appropriate checks had been made prior to employment. The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable adults had been made. They also said they felt well supported by the registered manager and senior management team and enjoyed working at Straven House.

We completed a tour of the premises and inspected a number of bedrooms as well as bathrooms and communal living spaces and identified no concerns. We saw fire-fighting equipment was available, emergency lighting was in place and all fire escapes were kept clear of

obstructions. We found all floor coverings were appropriate to the environment in which they were used and properly fitted ensuring no trip hazards existed. The manager told us there was an ongoing programme of improvements in place and two bedrooms had recently been identified as requiring refurbishment. In addition, a total of eighteen beds and mattresses were also due to be replaced in the near future. The manager confirmed that wherever possible people were involved in selecting colour schemes and soft furnishing for their private accommodation and communal areas.

We also reviewed fire safety records and maintenance certificates for the premises and found that the equipment in use had been maintained in line with the manufacturer's guidelines. However, we found the fire register was not up to date and weekly fire alarm tests were not always being carried out in line with the organisation's policies and procedures. This was discussed with the manager who confirmed they would address this matter immediately.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty. We found this had been correctly undertaken by the service. We were told that two people using the service were subject to authorised deprivation of liberty and a further seven applications had been made which were awaiting assessment from the supervisory body. The care records we looked at demonstrated that all relevant documentation was completed.

The registered manager demonstrated a good understanding of the safe application of DoLS which gave us assurance that the correct processes would continue to be followed. However although management were aware, some staff did not demonstrate a good knowledge of DoLS and did not know which people had DoLS authorisations in place. This meant there was a risk staff would not be aware of any conditions in place to protect people's rights. This was discussed with the manager who confirmed that this matter would be addressed immediately through supervision and training.

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 were being met. Where people lacked capacity to make the own informed decisions, we saw evidence a best interest meeting had been held with family members and health professionals. This showed the correct procedures had been followed in line with the legal framework of the MCA.

Staff we spoke with demonstrated that ensuring people had choice as to their daily lives was a key priority, for

example by asking them what they wanted to do and what they wanted to eat. Through observations of care we saw people's consent was asked for by staff before they carried out any care intervention such as hoisting.

We spoke with the chef about the food on offer and people's nutrition requirements. The chef was aware of people's individual needs; for example who required a soft diet and those that were diabetic. This provided assurance that people received the correct diet which met their needs.

The chef told us they followed standard menus set by the provider which ensured a known nutritional input was provided to people to aid in the monitoring of a healthy and balanced diet. There was sufficient choice provided with a range of options available at breakfast, two main meals at lunch time and hot and cold options in the evening.

We sat in the dining room at lunchtime. The atmosphere was relaxed and tables were set with clean linen including napkins as well as cutlery, crockery and condiments. The daily menu was on the table and hot drinks were offered. The chef served plated main dishes from a heated trolley and an assistant offered mashed potatoes and vegetables to everyone. We saw people could choose the amounts they wanted, the helpings were generous and the food looked appetising.

However, we noted that prior to lunch on the day of the inspection, people were asked what they wanted to eat for lunch and tea the following day. This was discussed with the manager as we concluded this could have created confusion for people living with dementia.

Where people were at risk of malnutrition, these risks were assessed and appropriate plans of care put in place. This included monitoring food and fluid input, increased weight monitoring and seeking the advice of external health professionals such as dieticians where appropriate.

Care records demonstrated that the service liaised closely with external health professionals such as district nurses, doctors and dieticians. Details of their visits were logged and any advice used to formulate plans of care. In addition we were informed by the manager that a general practitioner held a surgery at the home on a weekly basis. This helped ensure effective care and treatment was provided.

Is the service effective?

We spoke with one healthcare professional during the course of the inspection. They confirmed they had no concerns about the care and treatment provided and staff always followed their advice and guidance.

The manager told us that all new staff completed a four day induction training programme on employment and staff who had not previously worked in the caring profession completed the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The manager also told us new staff always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised.

The manager confirmed that following induction training all staff completed a programme of mandatory training which covered topics such as moving and handling, infection control, food hygiene, health and safety and safeguarding.

We looked at the training matrix and saw mandatory training had been completed by staff within the recommended time frames for each training course. We saw training was provided in a number of different ways including distance learning, E-learning and staff attending external training courses.

The manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings and their annual appraisal. Staff spoke positively about the training provided by the organisation and confirmed they received regular updates in a range of mandatory topics.

Is the service caring?

Our findings

People were positive and happy about the care they received. One relative said, “The care is excellent. Staff are bright, kind and respectful and very caring. I feel comfortable that my relative is being well looked after. I would give it the top rating.” Another relative told us, “I feel the care provided is first class, we’re able to visit anytime, we’re happy with the care and call bells are answered quickly.”

We observed as staff provided care and support. We saw staff were caring and patient in their approach and supported people in a calm and relaxed manner. They stopped to chat with people and listened, answered questions and showed interest in what they were saying. People looked clean and well-dressed which indicated that their personal care needs were being met.

We saw staff addressed people by their preferred name and always asked for their consent when they offered support or help with personal care. Staff knew what people were able to do for themselves and were able to support them to remain independent as possible. For example, we observed staff patiently encouraging someone to walk down the corridor, offering a good level of patient encouragement but helping them to conduct the task as independently as possible to help maintain their mobility.

Staff we spoke with told us that they respected people’s privacy by ensuring they knocked on bedroom doors and spoke to people when entering. One staff member said, “We are a small home and therefore we are perhaps better placed to provide people with more person centred care than some of the larger care homes. We also have a stable staff team which means we can provide people with continuity of care.”

Throughout the inspection we saw staff treated people with dignity and respect and delivered care and support in a kind and compassionate manner. For example people who became anxious were reassured by patient staff who knew the triggers to their anxieties and how to effectively reassure them.

We saw bedrooms were personalised with people's own possessions, photographs and personal mementos. This helped to make each room personal and homely for the person concerned. People we spoke with told us they were pleased that they had been able to furnish their rooms with personal belongings as this had made their move to residential care easier. One person said, “Although I do sit in the lounge at times, I prefer to spend most of the time in my room.” Another person said, “I like my room it’s where I can quietly sit in my chair and watch television.”

Whilst all people at the home had the support of families and friends our discussion with the manager showed they had a good insight into the requirements to provide unsupported people with lay advocacy. The manager also demonstrated their understanding of when an Independent Mental Capacity Advocate (IMCA) may be appointed.

The manager told us there were no visiting restrictions and family and friends were encouraged to visit their relatives anytime. The relatives we spoke with told us they were always made to feel welcome when they visited the home and offered a drink and light refreshment. One relative said, “I enjoy visiting; the staff are friendly and always seem pleased to see me.” Another visitor said, “I visit at different times during the day and I have always received a warm welcome.”

Is the service responsive?

Our findings

We saw a pre-admission assessment was carried out before people started using the service to determine their needs and to ensure that the service could support them. The care records we looked at provided detailed information about people's support needs, life histories and preferences. This demonstrated that the service had taken the time to understand people's past experiences and ensure that personalised care was provided that met their individual needs.

Where needs had been identified, care plans were in place with specific information detailed about how best to support the person including how to meet people's personal, social and health care needs. People who were able told us they and/or their relatives were involved in the care planning process and were kept informed of any proposed changes to their care plan. One visitor told us they were invited to review their relatives care plan at least twice a year and another visitor told us they felt fully involved in their relatives care, treatment and support.

The care staff told us that senior staff took responsibility for updating and regularly reviewing care plans with care workers responsible for the completion of daily records. We saw care records were generally kept up-to-date and there was sufficient detail in the daily records to demonstrate that people had received the required care.

Some people who used the service were subject to increased monitoring of their food and fluid intake. We looked at this documentation which was completed to a satisfactory standard and demonstrated that staff offered people food and drink throughout the day in line with their plans of care.

Throughout the time of our inspection we saw staff responded appropriately if people requested assistance or

support. We saw people were involved in their care and staff always explained what they wanted to do and asked for people's consent before carrying out care tasks or giving support.

People told us the call system worked well and staff promptly attended to their needs. We saw people had access to call bell facilities when in their private accommodation or in the communal areas of the home. One person who spent a lot of their time in their room said, "Staff attend to me within a matter of minutes if I use the call alarm which I find reassuring."

The service employed activity co-ordinators to help ensure a range of activities were provided which met people's social needs. On the day of the inspection we saw the activities co-ordinator was hosting an afternoon tea event which was well received by the people who used the service. We spoke with the activity co-ordinator who confirmed that if people were reluctant to join in group activities they engaged with them on a one to one basis to ensure they did not become isolated.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complainant would be dealt with.

The relatives we spoke with told us that they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose. One person said, "I am very pleased." Another said, "I have never had to make a complaint but I know the procedure and would not hesitate to make a formal complaint if necessary."

Is the service well-led?

Our findings

The relatives we spoke with told us they had confidence in the manager and staff team and were pleased with the standard of care and support they received. One person said; “The manager and staff are all lovely and do a great job.” Another person told us, “I have no concerns at all about the quality or standard of care provided at Straven House.”

On the date of the inspection the manager was not registered with the Care Quality Commission although their application had been received and they were waiting for an interview date. On the 8 December 2015 their application was approved by the Commission and they became the registered manager.

The staff we spoke with all spoke positively about the way the service was run and said the manager was friendly and supportive. They all told us they had no concerns about the service and said they were confident that the service delivered high quality care.

Throughout the inspection the manager demonstrated effective leadership skills and their knowledge of people’s needs and their enthusiasm to ensure people lived in a safe, warm and caring environment was evident. It was clear that they were proud of the service and wanted everyone who lived or worked at Straven House to have a positive experience.

We saw the manager met with senior staff and the head of each department every morning and shared information about all aspects of the service. For example; what activities were planned, the days menu, planned maintenance, hospital appointments and updates on the health and well-being of the people who lived at the home.

Various mechanisms were in place to listen to and act on people’s views. This included quarterly resident meetings which discussed a range of areas such as future activities, meals and the day to management of the service. We saw the minutes from the most recent meeting were on display in the reception area to bring them to the attention of people who used the service and their relatives. Following each meeting clear action points were put in place as part of the quality assurance monitoring system.

An annual resident and relatives survey was also conducted, we saw the most recent survey had just been

received and was awaiting analysis. The manager confirmed the information provided was collated and an action plan formulated to address any concerns raised. The information was then shared with people who used the service, their relatives and staff.

We saw there was a quality assurance monitoring system in place designed to continually assess, monitor and improve the service. We saw documentary evidence to show the manager undertook a range of audits which included care plan audits, medication audits and infection control audits. They also undertook a weekly walk around during which they spoke with people who used the service, looked at the environment and at people’s dining experience. This helped ensure the manager was aware of any risks or areas where improvements were needed.

We saw some audits had not been conducted at a consistent frequency. However, we saw a new audit schedule had been introduced which the manager told us would provide a more structured and consistent timetable for audits in the future.

We saw the area manager and quality manager employed by the organisation visited the home on a monthly basis to review and audit the quality of care and facilities people received. This included looking at the environment, talking with people who used the service, relatives and other healthcare professionals to seek their views of the service. In addition, the manager was required to submit information on key performance indicators such as weight loss, pressure ulcers, infections, safeguarding and serious incidents to senior management on a monthly basis.

A further mechanism for checking the quality of the service was the “Mystery shopper exercise.” This was a covert audit to discover the quality of the customer service experience, staff attitude and the home’s environment. We looked at the most recent audit which contained clear actions which the manager was working through to ensure further improvement to the service.

Our examination of care records indicated the manager submitted timely notifications to the Care Quality Commission (CQC) indicating they understood their legal responsibility for submitting statutory notifications. People’s care records and staff personal records were stored securely which meant people could be assured their personal information remained confidential.

Is the service well-led?

We saw that staff meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service. In addition, we saw a weekly clinical review meeting took place which looked at a range of care topics such as skin integrity, nutrition and any emerging risks for individual people. This helped ensure that risks to people's health and general wellbeing were identified quickly and an action plan put in place.

We were told an annual staff survey was also carried out to seek their views and opinions of the service and to establish the level of engagement they have with the organisation. We were also told the organisation offered incentives to staff such as long service awards as part of commitment to valuing their contributions to their overall aims and objectives.