Bupa Care Homes Limited

Airedale Care Home

Inspection report

Church Lane
Pudsey
West Yorkshire
LS28 7RF

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28 September 2017

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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?	Requires Improvement

Summary of findings

Overall summary

We carried out the inspection of Airedale Care Home on 21 and 28 September 2017. This was an unannounced inspection.

Airedale Care Home provides accommodation for persons who require nursing or personal care. The home is not a nursing home but does support people to access nursing specialists. It is situated on the outskirts of Leeds near the town of Pudsey. The home can support up to a maximum of 40 older people.

The home had a 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.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately.

Robust processes to check the suitability of staff to work with people were in place. There were sufficient staff available to meet the needs of people and they received support to ensure people were cared for in line with their needs and preferences.

Staff training was monitored and completed in line with the provider policy. Staff supervision had not always been completed in line with the provider's policy.

Medicines were administered, stored and ordered in a safe and effective way. Some documentation was not in place for peoples 'as required' medicines.

Risk assessments formed plans of care for people to ensure their safety and welfare and staff had a good awareness of these. Incidents and accidents were clearly documented and investigated. Actions and learning were identified from these and shared with all staff.

People were encouraged and supported to make decisions about their care and welfare. Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were legally deprived of their liberty the service ensured their safety and appropriate guidance had been followed.

People received a variety of nutritious meals in line with their needs and preferences. Those who required specific dietary requirements for a health need were supported to manage these.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff involved people and their relatives in the planning of their care.

Care plans in place for people reflected their identified needs and the associated risks. Plans were written in a person centred way documenting people's personal preferences.

Staff were caring and compassionate and knew people in the home very well. External health and social care professionals spoke highly of the care and support people received at the home. They were involved in the care of people and care plans reflected this.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

The service had a good staffing structure which provided support, guidance and stability for people, staff and their relatives. Relatives spoke highly of the registered manager and all staff.

A system of audits in place at the home had identified improvements required with care plans and records in the home and these were mostly being addressed.

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.

Risk assessments were in place to support staff in reducing and removing risks associated with people's care.

Staff had been assessed during recruitment as to their suitability to work with people and they knew how to keep people safe.

There were sufficient staff available to meet people's needs.

Medicines were not always managed in a safe manner.

Is the service effective?

Good

The service was effective.

People were supported effectively to make decisions about the care and support they received.

Staff had received training to enable them to meet the needs of people. Staff had not always received regular supervision.

People had a variety of nutritious food in line with their needs and preferences.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People were valued and respected as individuals and were happy in the home.

People and their relatives were involved in the planning of their care.

Staff knew people well and could demonstrate how to meet people's individual needs.

Is the service responsive?

Good

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs.

People were encouraged to remain independent.

Systems were in place to allow people to express any concerns they may have and complaints were recorded and responded to in a timely way.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People spoke very highly of the registered manager and staff. Staff felt very well supported in their roles and displayed a good understanding of the values of the service.

Audits and systems were in place to ensure the safety and welfare of people in the home. However these audits had not always identified areas of improvement such as gaps in supervision and medicines monitoring.

The service had a registered manager in place.

Airedale Care 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 21 and 28 September 2017 and the inspection was unannounced. This was the first inspection for Airedale Care Home since a change of registration in January 2017.

The inspection team consisted of one inspector and one 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.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We asked the provider to complete a Provider Information Return (PIR). 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 looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at four care records for people that used the service and three staff files. We spoke with five people and five relatives. We also spoke with one healthcare professional, three support workers as well as the registered manager and operations manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. They had no worries or concerns about the way they were treated. One person told us, "They look after you well, they are very good at it." Two people said that their personal belongings were safe in their rooms. Another person said, "I feel safe here because, 'The fire alarm goes off every Tuesday at 12.00 for the test. Also, I know I have just to press my buzzer if anything goes on." We spent time in the lounge and saw staff supporting people to move in a safe way. For example, we saw staff checking all areas for any trip hazards before assisting people to move with their walking aids. People were encouraged to mobilise in a discreet and supportive way. People were seen to be relaxed and responded happily to staff chatting with them. This indicated that people felt safe and comfortable with staff.

We saw the provider had a safeguarding policy and procedure in place that advised staff of the action to take if they suspected abuse. Staff we spoke with had a good understanding of their responsibilities to keep people safe. They understood who they would report any concerns to and were confident that any allegations of abuse would be investigated by the registered manager. Staff also knew they could escalate concerns to external organisations, such as the local authority and the Care Quality Commission (CQC). Staff told us they had received training in how to keep people safe from abuse and they had access to up to date policies and procedures in place to guide staff in their practice.

People were supported to live their lives as they wished. Risks to people's safety and well-being were assessed and measures put in place to reduce the risks. For example, one person was considered to be at risk of poor skin integrity because they were incontinent. The staff team worked with the person and the district nurse to monitor and respond to the person's skin integrity. Staff were able to tell us how they supported people to ensure risks to their wellbeing and safety were reduced. One staff member said, "We are always cautious about making sure the risks are looked at but we can't wrap people in cotton wool. It is important that we work together to prevent accidents and promote people's independence."

We completed a tour of the premises as part of our inspection. We inspected people's bedrooms, bath and shower rooms, the laundry, kitchen and various communal living spaces. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions. We saw upstairs windows had tamper-proof opening restrictors in place. We saw radiators were covered to protect people from injury of hot surfaces. We reviewed environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be compliant. We saw Control of Substances Hazardous to Health Regulations 2002 (COSHH) assessments had taken place to prevent or control exposure to hazardous substances. All cleaning materials and disinfectants were kept in a locked room out of the reach of people who used the service.

Accident and incidents were recorded and logged. The registered manager told us they reviewed this information on a regular basis to look for trends and if any further action could be taken to reduce further accidents and incidents. We saw documentation was signed by the registered manager. This showed us they reviewed this information.

Most people and relatives we spoke with told us there was enough staff to meet people's needs. One person who had chosen to stay in their room told us, "There is always someone around." Another person told us that there was plenty of staff. They said, "They come regularly to see us, but if I need someone I just ask them, there is usually someone around." Some relatives commented staffing levels were sometimes tight and there could be more staff. We saw that, whenever people required assistance that it was provided in a timely manner by staff. We were told by the staff that they felt there were enough staff to be able to support people well. The provider tried to make sure all shift vacancies were covered by the staff team. This meant that people were supported by the same staff at all times.

People's safety was secured by the provider's recruitment policies and practices. Staff we spoke with described the recruitment process and told us relevant checks were carried out on their suitability to work with vulnerable people. Staff told us they were required to provide two references and to secure a Disclosure and Barring Service (DBS) check before starting work. All the staff details we looked at included references and DBS information. The DBS checks a person's criminal background for cautions or convictions.

We saw staff supported people with their medicines in line with good practice. Staff responsible for administering people's medicines checked each medicine and checked people had taken it prior to signing the records. Staff received training before they were able to administer people's medicines. Senior staff checked staff competence and regularly audited people's medicines. We also saw there were effective arrangements in place for the ordering, recording, storing and disposing of medicines. We looked at people's medicine administration records (MARs) and reviewed records for the receipt, administration and disposal of medicines and checked medicines to account for them. We found records were complete. Some medicines had been prescribed on an 'as necessary' basis (PRN). PRN protocols were present to help staff consistently decide when and under what conditions the medicine should be administered. We saw blank PRN protocol sheets existed for some new medicines people had received and the provider's medicine policy indicated the production of a protocol for each medicine should be used.

Good

Is the service effective?

Our findings

People spoken with told us that they thought staff had the right training and skills to meet their needs. One person said, "Staff are very well trained, I would give them all an O.B.E. I wouldn't do their job if you paid me." Another person told us, "They all seem to know what they are doing so yes I think they have had lots of training." Staff told us that they received plenty of training. They said that all staff were supported to attain a recognised care qualification. One staff member told us, "Training is good; I have everything I need to do my job." Another said, "Some of the training really makes you think about why you are doing things. That is really good."

All staff had received training in dementia awareness. They felt that this helped them to support people living with dementia better. We were told that new staff members were supported when they started working at the service by the senior team. Their induction time was five days training and then they spent time working with experienced staff until they felt confident to work alone. Their progress was monitored by supportive meetings with their allocated senior staff member. The provider had a policy on training for the registered manager to follow. This referred to the frequency of training and what training was to be completed. Staff told us they felt the training gave them the skills and knowledge to complete their roles effectively. The registered managers and team leaders checked this by completing competency checks on staff as they worked.

Staff told us they felt supported, however we saw some staff had not received a formal supervision in over six months, and other supervisions lacked detail. We mentioned this to the registered manager who explained they also had a staff clinic once a week where all staff had the opportunity to speak with the registered manager on their own or in a group. This mitigated the lack of support for staff. We have addressed this further in the 'Well-led' domain.

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 interest 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 is 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 were being met. We saw no conditions on people's DoLS. Capacity assessments had been completed and best interest decisions made on behalf of people. The registered manager had made appropriate applications to the local authority with regard to DoLS which were being processed.

Some people at the home were living with dementia. Staff had received training in the principles of the MCA and DoLS. They were able to tell us what they needed to do to support people to make their own decisions. We saw that people's human rights to make decisions were protected by staff. We saw and heard staff sought people's permission before they supported them with their care needs. One person told us, "They

always tell me what they plan on doing and ask my permission." We heard staff explain to people what their choices were. We saw people responded to this approach and made their own decisions about how they spent their day. One staff member said, "We have to ask people first, it's their decision to make." One person we spoke with who stayed in their room told us their door was open because they chose to keep it open and they had chosen to stay in their nightdress that day.

We spoke with the registered manager about the use of bed-rails. The registered manager demonstrated to us bed-rail assessments were used to ensure people who may roll out of bed or have an anxiety about doing so would be protected from harm. Our review of care plans showed the process to evaluate the need for bed-rails was well documented. The registered manager demonstrated a good understanding of how the inappropriate use of bed-rails may constitute unlawful restraint.

People who lived at the home said that they liked the food provided. Everyone we spoke with told us they had plenty to eat and drink. One person told us, "The food is good; I look forward to the meals." Another person said, "I don't like everything, but they always ask me if I want something else." We observed a staff member discussing the lunchtime meal with one person. The person did not want any of the choices offered. The staff member discussed other options with them to decide what they would eat. The staff member told us, "[Person's name] has specific likes and dislikes. We always make sure they can have what they like to eat." We observed the lunch being served. The meal presented was hot and smelled appetising. The meals for people who needed a softer diet were also presented in an appetising way. People were seen to be enjoying the food. Where people needed assistance to eat their meal, we saw that staff were discreet and gentle in the support provided. They encouraged people to try and eat independently for some of the meal. We saw that hot and cold drinks and snacks were available whenever people wanted them.

Staff told us that some people had difficulties with swallowing food and drinks. They told us how each person with difficulties was assessed by the Speech and Language Team (SaLT) who gave information for staff to follow about the consistency of food and drinks for each person. Staff we spoke with showed a good understanding of each person's dietary needs and ensured that their meals and drinks were presented according to the SaLT instructions. We saw that information and risk assessments were available for staff about other special diets, such as diabetic food.

People and their relatives told us they were able to see other health services when they needed them. One person told us they had regular visits from their doctor, chiropodist and optician. One person had lost their glasses. We saw how the staff supported the person to get them mended by contacting the optician to visit as soon as possible. People's health was monitored by staff, with referrals made to other services when they needed them. For example, one family member told us, "Recently [person's name] was losing weight. The staff called in the dietician and they are now having fortified food to build them up." We spoke with a community nurse who was visiting a person in the home. They told us, "I'm happy with everything here; they follow direction and have good communication. I have no concerns."

Good

Is the service caring?

Our findings

People who lived at the home told us that staff were kind and caring. They also told us they felt involved in their own care. One person said, "The staff are brilliant they would do owt for you." We spoke with one person and their family member. They both were very pleased with the care and support provided. The person said, "99% of the care staff are very good, you get the odd one who is a bit strange, in the wrong job probably." The family member said, "Staff are lovely, I have never seen anyone be sharp with the residents, never seen anything to worry about, they will try and cajole people but not seen them be sharp with them." We saw the happy, considerate and caring actions between the person and the staff. We were able to see how this interaction increased the person's well-being.

We saw staff had a good understanding of people's individual communication needs. We saw people and staff were enjoying good conversations wherever we went in the home. People were very pleased to be able to tell us how the staff always included them in decisions. For example, one person told us, they can choose to have a bath/shower when they want one. The interaction between people, staff and visitors was kind and caring. Staff were seen to support people to read, sing and dance when having fun in the communal areas.

Staff approached people in a friendly and respectful way and understood people's communication methods. We observed many kind and compassionate interactions between the staff and the people. For example, one person was unwell and upset. This person was living with dementia and had limited understanding of their situation. A staff member spent time with the person. They knelt by their side and talked quietly and kindly with the person, stroking their hand as they spoke. As a result of this interaction, the person relaxed and was less anxious. We were able to see another interaction between a person and staff member where the staff member was asking permission to go into the person's room and top drawer to look for their spectacles. This conversation showed to us that the staff member was respecting the person's right to privacy.

People told us care staff were polite and respectful towards them. We saw that there were dignity champions in the home who monitored how staff supported people. Dignity champions are staff members who support other staff to be aware of promoting people's dignity at all times. Posters relating to dignity were seen in the home. Staff supported people in ways that took account of their individual needs and helped maintained their dignity. Staff addressed people by their preferred names.

One staff member told us it was important people were encouraged to retain as much independence and control as possible. For instance by having the opportunity to wash themselves where able and brush their own hair. Another staff member told us, "Dignity is just treating people how they want to be treated." All the people we spoke to told us staff encouraged people living in the home to be as independent as possible. One person told us, "They encourage me to be as independent as possible." Another, "They give you independence but still keep an eye on you." One relative we spoke with told us, "Sometimes [person's name] needs a wheelchair but they encourage her to walk as much as possible, for instance they might take her to the dining room in the chair but then get her to walk back to the lounge with her Zimmer."

We saw people received care which met their individual preferences. Staff told us they always knocked people's doors before they entered their rooms. We saw this happening and people confirmed to us this was the case. We also saw that, where people needed assistance with personal care, staff responded in a timely way so people were not left uncomfortable and or in any distress. We saw care records contained information about people's end of life needs and wishes. We saw people had decided what they wanted to happen to them following end of life.

Good

Is the service responsive?

Our findings

People told us they received the care they needed in the right way and at the right time to meet their individual needs. They felt that staff knew their preferences and that these were respected. They told us that staff were available when they needed them and that they responded to their needs quickly. One person said, "Whenever I ask one of them to help me, they stop what they were doing and help me." Staff we spoke with had a good understanding of people's preferences, routines and care needs and were able to describe how they supported people. We saw positive and warm interactions between people and staff which showed us the staff had taken the time to get to know people well. For example, one staff member introduced us to a person who was living with dementia. The staff member told us about the person's past life, they said, "Isn't that right [person's name]?" The person reacted by nodding, smiling and squeezing the staff member's hand.

We saw, and staff told us, that people's choices and routines were written down in their care plan together with people's life histories. Care planning was undertaken with people and, where appropriate, their family members. We saw people and their relatives were involved in attending review meetings and had been kept fully informed of any changes to people's needs. Three relatives we spoke with told us they had input into their relative's care plan. One of these told us the care plan had been reviewed and another said they had filled in an 'update form'. The third relative said there had not been a review but that they were, "Kept up to speed with everything." One person said, "I know I have a care plan but I don't look at it." Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." Another staff member said, "Handovers give us the information about changes to people's needs."

People were supported to spend their time how they wanted to. One person said, "They take me out to watch bowls'." People spoke with us about the things they liked to do at the home. One person said, "I like to have my hair done." We spoke with another person who enjoyed their own company. They told us they liked to sit and watch people. We saw that the staff enabled the person to listen to their favourite classical music and had their choice of magazines and books within their reach. We spoke with the activities organiser who told us of the many things they had planned for people. We saw that the staff team also worked with the coordinator to help people to enjoy pastimes of their choice. They told us that they discussed with people what they would like to do and made sure they were able to do it. We saw the activities coordinator taking one person out for a stroll as this person became agitated with all the people around in the home. The stroll (before lunch) calmed her down and she was settled and chatty at lunch. People told us activities included knitting, bingo and outside singers. Three of the people we spoke with told us they were taken out. One person told us they call the bingo and loved the singer who comes in but was sometimes bored. One relative also said that the activities could include groups of people rather than individually. Overall we received positive comments about the activities.

We asked people and their relatives if they were aware of the provider's complaints procedure. People told us that they were but that they would share their concerns with the registered manager or a member of staff. One person told us, "I've no complaints, they are very good. If I did have a complaint I would speak to the

carers (staff)." Another person said, "If I had a complaint I would speak with staff." A relative said, "I would soon tell the manager if I was not happy and I am confident they would take action." We spoke with staff about how they would deal with any complaint they received. They told us that they would always report any concerns to the registered manager. One staff member said, "We talk with people all the time and if they have a problem then we pass that on straight away." We saw the registered manager had maintained a record of complaints and concerns. Two relatives told us they had complained to the registered manager in recent months and were awaiting an outcome. These were logged on the complaints system and the registered manager was aware of them.

Requires Improvement

Is the service well-led?

Our findings

People who lived at the home, relatives and staff spoken with were complimentary about the registered manager. We received many comments which indicated that people were involved in how the home was run. For example, we saw that people's views were sought about meals and ways of spending their time. Staff told us that they respected people's choices and valued them as individuals. We saw throughout the inspection that the staff team brought these values into their everyday practice. Staff were happy and motivated in their work. One staff member described working at the home as, "Working in a friendly place." Another said, "We have a good staff team and get along." Other staff told us they worked as a team. We saw that staff worked together well and that they were organised and efficient.

The deputy manager told us that the provider was very supportive and worked with the staff team to develop and drive improvements in the home. We saw the provider's plans for improvements to the fabric of the building. This included work in the home to provide people with the experience of a safe place to sit and walk. This would further enhance people's wellbeing.

The registered manager worked to continually improve the quality of the service people received. A program of audits was in place at the home to ensure the safety and welfare of people, including audits which were completed by managers from outside the service. Audits to ensure the safety and welfare of people included: medicines, infection control, the environment, equipment checks and fire records. For example, we saw infection control audits took place monthly to ensure compliance with good practice. Weekly clinical risk meetings were held to discuss improvements and changes. We saw evidence of further audits taken place during the night time and medicine audits. We saw the infection control audits and clinical audits had identified areas which required improvement. For example, one audit identified the gutters required emptying, decoration in some areas were due and fire systems needed to be serviced and reviewed. We saw evidence all of these areas had been fixed to improve the service.

We found medicine audits had identified but not always acted on the temperature in the medicines room exceeding 24 degrees centigrade. We saw recordings of temperatures up to 27 degrees centigrade. Also we saw staff were aware of this and ran the cold water tap in the room while the room was in use to lower the temperature. We mentioned this to the registered manager who acknowledged the issue and ordered an air conditioning unit during the inspection. There had been no known impact of this concern and so the risk to people was low. The audits had not identified PRN protocol sheets as missing for some medicines. We mentioned this to the registered manager who agreed to put the sheets in place as a matter of urgency. Staff were aware of how PRN medicines should be administered. This showed us the risk to people was low.

There was a clear staffing structure in place at the home which was supported by further managers at the registered provider's head office. A robust network of support for all staff was evident in the home. The registered provider had clear systems and processes in place to ensure the safety and welfare of people. An administrator in the home supported with all clerical duties.

Staff told us they felt supported and could approach the registered manager or deputy manager at any time.

We saw this happened during our inspection. Staff said that the registered manager and deputy manager worked with them and were involved in the care and support of people. This meant that they were aware of staff's behaviour towards the people. One staff member said, "[Registered manager] would not tolerate any bad practice. We all know what is expected of us." Another staff member said, "The manager listens to us and takes on board our views. They appreciate what we do." Staff were also aware of the provider's whistle blowing procedures and agreed that they would report to external agencies such as the Care Quality Commission (CQC) if required. However, all staff spoken with were confident that the registered manager would act on any concerns raised.

Staff had a daily handover meeting at 11am to feed information to staff about anything happening in the service that they needed to be aware of. We observed the handover meetings during the inspection and saw they were promoted for staff to have a voice and feedback to the management team about anything happening that day. Once a week the registered manager held a staff clinic where staff could visit as a group or on a one to one basis to discuss anything of concern. All staff had formal individual meetings with the registered manager where they were able to talk freely about their work and any problems they may have. One staff member told us, "I feel able to voice any concerns we may have." However we found a number of staff had not received recent supervision. For example one staff member had not met with the registered manager since January 2017 and another five supervision records contained very little information. We mentioned this to the registered manager who agreed it was an area of improvement and something they were aware of. The registered manager told us they would address this.

We looked at the notifications the service sent through to us (Care Quality Commission). As part of the providers and managers registrations, they are required to notify us certain area's that happen within the home. Our documentation and the homes documentation showed us all area's that should have been notified to us, had been.