

Bupa Care Homes (GL) Limited

Airedale Residential Home

Inspection report

Church Lane
Pudsey
Leeds
West Yorkshire
LS28 7RF

Date of inspection visit:
07 March 2016

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13 April 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Airedale Residential Home on 07 March 2016, this visit was unannounced. At the last inspection in July 2015 we identified a breach of legal requirements in Regulation 15 HSCA 2008 (regulated activities) premises and equipment. At the time of this inspection the service had made improvements in this area.

Airedale Residential Home provides accommodation for a maximum of 40 people, on three floors. It is situated in the Pudsey area of Leeds and is close to local shops and amenities. There is ample parking at the front of the property. There are pleasant views across a small public park. At the time of inspection there were 35 people living at Airedale Residential Home.

The home did not have a registered manager in place. The previous registered manager had just retired from the service seven days prior to the inspection. The home had a newly recruited manager. The new manager had begun to take steps to complete the process of becoming registered. 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 we spoke with told us they felt safe living at the home. We saw risks to people were managed appropriately whilst ensuring people were safe and given their freedom. We spoke with three staff who told us they understood how to recognise and report any abuse. Training records showed staff were trained in safeguarding.

There were enough staff to keep people safe and staff training provided staff with the knowledge and skills to support people safely. Staff told us staffing levels had improved over the last month, and the home had recruited new staff.

There were one person at the home who was subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a basic understanding of the requirements of the Mental Capacity Act 2005 and DoLS. We spoke with staff about mental capacity and staff were able to describe what this meant in terms of people's care.

We saw medicines were managed safely at the home.

We saw staff had developed good relationships with people and were kind and caring in their approach. People were given choices in their daily routines and their privacy and dignity was respected.

People's nutritional needs were met and they received additional health care support when required.

We saw very little positive interaction around meal times. The meal time experience was more task

orientated. The staff told us that this was an exception due to dining room furniture been delivered that day and people had to have completed their lunch before this arrived.

From our observations it was clear staff knew people well. Staff told us they were supported and supervised in their roles.

We saw there was evidence in place to show the home had made improvements to the care plans since the last inspection. The care plans were focused around the individual person and were person centred. Some people's care plans had been reviewed and involved family members. The manager told us care plans were to be reviewed for everyone over the next couple of months.

Records we looked at showed there were systems in place to assess and monitor the quality of the service and the focus was on continuous improvement. There was good leadership at the service by the manager which promoted an open culture.

The home had completed some refurbishment around the home including, new windows, dining room furniture, re-decoration of some bedrooms, new carpets and was in the process of a new patio area. The area manager told us there were on going refurbishment throughout the home.

We saw there was a complaints procedure in place which was displayed in the home. People we spoke with told us they knew how to complain. The home had received complaints and these were dealt with promptly.

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.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident action would be taken to make sure people were safe.

Medications were managed safely and administered in line with the prescribing instructions. Staff had completed training in medication. Two staff were overdue competency assessments these were taking place on the day of inspection. Storage of CD medication was not adequate for the amount of medication in the home. The manager had already sourced larger storage for these.

There were enough staff to meet people's needs and the recruitment process was robust which helped make sure staff were safe to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

The service met the requirements relating to the Mental Capacity Act 2005 and DoLS.

Staff training and support provided them with the knowledge and skills to care and support people safely.

People enjoyed their meals and were supported to have enough to eat and drink. People received appropriate support with their healthcare.

Is the service caring?

Good ●

The service was caring

People told us they were happy with the care they received and their needs had been met.

We saw people's privacy and dignity was respected by all staff.

Is the service responsive?

Good 

The service was responsive.

People received support when they needed it and in line with their care plan.

People who used the service were supported to take part in activities in the home and the community.

People who lived at the home told us they felt comfortable raising concerns and complaints.

Is the service well-led?

Good 

The service was well-led.

The home did not have a registered manager in place. The previous registered manager had just retired from the service seven days prior to the inspection. The home had a newly recruited manager who had taken steps to become registered.

There were effective systems in place to assess and monitor the quality of the service.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified and acted upon.

Airedale 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.

This inspection took place on 07 March 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and two specialist advisors in governance.

At this inspection we did not ask 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. Before our inspection, we reviewed all the information we held about the home. This included any statutory notifications that had been sent to us.

During our visit we spoke with nine people who lived at Airedale Residential Home, one visiting relative, nine members of staff which included head of care, maintenance, administrator, manager and the area manager. We observed how people were being cared for. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and to the management of the home. We looked at four people's care plans.

Is the service safe?

Our findings

All the people we spoke with at this inspection said they felt safe in the home. These were some of the comments people made, "Yes I definitely feel safe." "Feel safe they are good carers." We spoke with a person's relative who told us, "Yes [name of person] feels safe here. Her needs are met."

Our observations and discussions with people who used the service and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us the staffing levels had improved and this enabled them to support people well and to ensure their care needs were met safely. We spoke with one person's who told us, "There could be a few more staff I suppose but I have never been kept waiting."

We looked at the recruitment records for four staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the manager and were confident the manager would respond appropriately. The service had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff. Staff said they were aware of how to whistle blow (report concerns outside of the organisation) and confirmed they covered this on their training. This was evidenced in the training files. A staff member we spoke with said they were now able to report safeguarding incidents directly to the manager. This showed staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked in people's care plans and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. For example, care plans showed assessments were carried out in relation to pressure care and medication. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. One relative told us, "The home has taken measures such as pressure pads to protect [name of person], they always keep me informed of what is happening." Staff showed a good awareness of risk management and could describe individual risk management plans for people who used the service. Staff said there were good management plans in place such as those to maintain skin integrity.

Staff demonstrated their knowledge of the home's emergency procedures and said they had taken part in fire drills. Staff knew how to report accidents and incidents.

We checked the systems in place regarding the management of medicines within the home for people. We found records were all accurate. This meant all people in the home had received all of their medicines as prescribed.

Four random medication administration records (MAR) sheets were checked and administration was found to be accurate in terms of stock held. Each MAR had a photograph of the individual person for identification purposes. Any incidents of non-administration or refusals were noted on the MAR sheets. This meant it was clear if people had not taken their prescribed medicines.

We looked at medication storage and saw the medication cupboard provided appropriate storage for the amount and type of items in use. However, the controlled drugs storage was not adequate to ensure all the medication fit into the storage. This was due to a new person being admitted during the weekend. The manager and area manager had recognised this and were in the process of purchasing a larger storage for the controlled drugs. The controlled drug register and stock were checked; a random sample of two medicines were checked against prescription and found to be accurate. As and when required drugs were in place at the home. It was noted there were protocol sheets with the MAR sheets indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow. Two staff were overdue competency assessments at the time of inspection. The area manager had arranged for both staff to come into work that day to complete the assessments.

During our walk around the premises we saw the home was clean and tidy. We looked at various areas of the home including the communal lounges, dining room and bathrooms. We also looked at some people's bedrooms which were clean, tidy and personalised. Staff said they felt cleanliness had improved in the home. They said there were no malodours and people's rooms were kept clean and fresh. One staff member said, "We have seen a change with new furniture, carpets and re-decoration around the home." At the time of our inspection the home was undergoing some refurbishment in the dining area as well as new windows being replaced around the home and a new patio area was in the process of being laid. We looked at maintenance records and saw all necessary checks had been carried out within timescales recommended and in relation to the home's policy around health and safety.

Is the service effective?

Our findings

We looked at staff training records which showed staff had completed a range of training sessions, which included moving and handling, dementia, health and safety, food hygiene, management of medicines, infection control, and safeguarding adults. Staff we spoke with told us they had completed several training courses and spoke about medication, pressure care, dementia training and infection control. Staff said they felt the training they received supported them to carry out their role. We were told by the manager staff completed an induction programme which included information about the company and principles of care. We looked at four staff files and were able to see information relating to the completion of induction. This meant staff had the required training to support people in their home.

During our inspection we spoke with members of staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Four members of staff confirmed they received supervision where they could discuss any issues on a one to one basis. We looked at four staff files and we were able to see evidence each member of staff had received supervision in January 2016. On the day of inspection the manager told us how they had arranged for all staff to have an appraisal in March 2016 so this would enable them and the staff to look at future training and development within the team.

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 are called the Deprivation of Liberty Safeguards (DoLS)

We were told by the manager one person who used the service were subject to authorised DoLS. Our review of the person's care plan demonstrated all relevant documentation was completed clearly to ensure it was lawful. We saw policies and procedures were in place for the MCA and the DoLS.

We spoke with staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions such as making every day decision. Staff we spoke with confirmed they had received training on the MCA and our review of records confirmed this.

People's care plans were up to date and showed that risk assessments and referrals, to other professionals involved in people's care were in place. It was evidenced throughout the documentation the family of people who used the service had been involved in the development of them. The area manager told us people were still waiting an annual review by the GP. They said they were aware of this and were taking steps to ensure this happened for everyone over the next few months.

We saw drinks and snacks were offered to people throughout the day. People we spoke with said they enjoyed the meals and always had plenty to eat and drink. In the entrance of the home there was a daily menu showing two choices per course and people told us they had a choice. We observed staff visually

offering choices on the day of the inspection. One person said, "I get plenty of food, its good." Another person said, "I think there is enough food, there is always a choice of two things, if you don't want any you can just ask." Another person told us, "The food is good but I get too much on my plate."

We observed the lunch time meal and saw all the tables were set. The dining area was spacious, clean and well lit. On the day of our inspection we did not always observe a positive social experience with people in the home around meal times. It was more task orientated. However, at the time of inspection new dining tables and chairs were been delivered in the afternoon so lunch was provided earlier to assist this. The staff wore disposable gloves and protective aprons to serve the meals. We saw very little positive interaction around meal times. There was only a small amount of verbal encouragement around eating. We saw not all of the people who used the service ate in the communal dining room; some people ate in their rooms. This showed people had a choice of where to eat. One staff member told us, "This isn't what happens normally, its due to the new furniture arriving we need to make sure people receive their lunch in time." One person told us, "We are looking forward to the new furniture arriving we have been waiting a while for this, so I am happy to have my lunch earlier."

We observed staff interaction around activities in the home. We observed an outside professional attended the home on a weekly basis to do armchair exercises with people in the home. Everyone told us they enjoyed [name of person] when he comes to the home as they thought he was very happy and people said he interacted well. People in the home were engaged in the exercises with [name of person] and staff at the time of our inspection.

Is the service caring?

Our findings

People who used the service and relatives we spoke with all told us they felt the staff were caring towards themselves. One person told us, "The staff are very well mannered; they look after us as well." Another person told us, "All the staff are nice, they treat me very nicely. They keep me covered up when I am in the bath. Another person said, "Staff are lovely they do a good job and take care of us." A relative told us, "I love it here they make me feel so welcome."

People told us they made their own choice of what they would like to do and when they would like to go to bed and get up. One person told us, "I choose my routine. Getting up on a morning and going to bed. If I want something I just ask. They let me do what I can myself." Another person said, "I am very fussy about what I wear, the staff take their time helping me choose exactly what I want to wear. I can talk to all the staff."

We spent time with people in the communal areas and observed there was a calm atmosphere and people were comfortable and relaxed around staff. We observed staff chatting with a people in the main lounge about the news. Throughout the visit, the interactions between staff and people in the home were respectful. Staff talked to people and their relatives in a calm, polite manner. Staff were able to describe people's likes and dislikes and their daily routines.

People looked well presented, clean and well cared for. People were dressed with thought for their individual needs and had hair nicely styled.

Staff told us how they ensured they knocked on people's doors before they entered. One staff member told us, "I always knock on the door before I enter; I think this is so important. I would not want someone just walking into my room without knocking." Another staff member told us, "I talk to people all the time when I do any personal care. I make sure that people are covered up at all times." We observed staff throughout the day respecting people's wishes, one person had asked for a bath that evening. The staff member told the person she would let [name of staff] know when they came on shift.

We looked at the care plans of four people and found evidence which showed the involvement of the person concerned. We saw where documents required signing by the person this had been done. The manager had arranged review meetings for everyone in the home and was waiting confirmation from family members to view their availability. The manager told us, "I have arranged letters to go out to all the families as I feel it is important for the people to have their relatives involved in their care." People we spoke with told us they knew they had records which the home kept about their care. We also spoke with one person's relatives who told us, "I am involved in the care of my family and I do attend any appointments with her." Staff had a good understanding and knowledge of people's care who they supported. This meant people, or where appropriate their relatives, had been involved in their care.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were carried out where possible to make sure people who used the service were compatible and to give opportunity for people to get to know each other.

People were encouraged to maintain and develop relationships and family members were encouraged to visit the home. One person we spoke with told us their family member was always made to feel welcome by staff. The relative of one person told us, "They make me feel so welcome." One person told us, "The first thing my son does when he comes in is to go to the office and talk about how I am. That helps to look after me. I've had a lot of falls, but not had them here; I think they know how to look after me in that respect."

People received care which was personalised and responsive to their needs. Within the four care plans we looked at, we saw assessments showed preferences by recording for example, 'prefers baths once a week' and written evidence of instructions of how people liked to be dressed and if they liked to have a hairdresser to do their hair. In addition, the care plans showed people's preferences of food were recorded. In one person's care plan it was recorded the person 'likes to have food cut up into small pieces'. In another person's care plan it stated 'particular in choosing clothes to give time' This was good person centred information. The care plans showed regular reviews and changes had been recorded. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. Relatives had been involved in some care reviews.

The home had an activity co-ordinator who supported the home with various activities that people in the home and relatives had specified they would enjoy. An activities sheet was present and on display at the time of our inspection. Staff said they offered and encouraged activities based on the person's known likes and dislikes. People told us they mostly enjoyed the activities on offer. They told us, "I have allsorts to do, quizzes and things." Another person told us, "Plenty to do like watching television, sometimes I join in the activities, sometimes I don't." The home had volunteers that come and support the activities like craft and poetry. The manager told us, "The people enjoy the volunteers coming in, they are all very chatty to people."

In the afternoon an outside professional came to support people with chair exercises. One staff member said, "We try to do different activities to suit everyone here." One person said, "I enjoy doing exercises and the staff sometimes do these with us." These consisted of bingo, coffee morning and new, team challenge games and reminiscence.

We saw the complaints policy was available on the notice board in the home. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. Staff were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. We spoke with one relative who said they would comfortably bring up any issues with a member of staff or the manager. We spoke with people

who used the service one told us, "If I needed to complain I would speak to a member of staff first."

We looked at records of complaints and concerns received this year. It was clear from the records that people had their complaints listened to and acted upon. This included written responses to people's concerns. We saw this was discussed in staff meetings to ensure staff received timely information on any concerns or complaints to try and prevent any re-occurrence of issues. Staff confirmed they received this information.

Is the service well-led?

Our findings

The home did not have a registered manager in place. The previous registered manager had just retired from the service seven days prior to the inspection. The home had a newly recruited manager. The new manager had begun to take steps to complete the process of becoming registered.

Minutes were available from November 2015 for staff meeting, senior meeting and relatives and friends meeting. We saw a number of improvements and suggestions from these minutes had been actioned. Residents had requested fresh fruit to be available with tea and biscuits in the afternoon. Residents had also requested a staggered lunchtime to accommodate those people who chose to have breakfast a little later. Arrangements were in place at the time of inspection for people who prefer a later lunch.

We attended the daily 'take 10 meeting.' This was where staff received daily updates and any changes to people's care. At the meeting it was suggested a doctor was to be called to one person in the home. We later observed the doctor's arrival in the home. Staff told us the meetings were a good way to be updated daily on what was happening in the home. We spoke with the manager about staff not on shift during these meetings to be able to be also updated by senior staff on any changes in the person's care on their next shift. The manager told us they would put this in place.

We asked people who used the service and their relatives for their views about the care and support the home offered. One person said, "Think I have seen the new manager, but she's very busy. She says hello." Another person told us, "I have met the new manager she came to introduce herself seems really nice." A relative told us, "The new manager introduced herself; she said we can have a chat and a cup of tea anytime."

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the manager or provider. Staff we spoke with told us they felt the home had improved. One staff member said, "Previously we did not have many staff it has now improved. We have new staff starting."

We were told by the manager of the home around a number of audits which were in place at the time of inspection on a monthly basis, some of which included care plans, medication, health and safety, fire, legionella and supervisions. This information was then forwarded to their central office. This was used to identify areas requiring improvement, areas of good practice to be shared and items requiring discussion with the manager during visits from the area manager and the quality assurance manager. Site visits by the area manager consisted of looking at, compliments, complaints, staff, resident and family feedback. This was used to inform quality and continuous improvement. A central clinical services manager held quarterly meetings from which best practice and governance of care homes within the group were looked at. Information was then disseminated to the manager who shared the information at staff and relative meetings.

The monthly quality manager home visits were in place at the time of inspection; however, there had been a previous three month gap in these visits in 2015. The recent audit completed in February 2016 noted a number of issues to be addressed and completed from a previous visit. From this it was evidenced supervisions had been carried out and more training scheduled since the last visit. Completion of care plans transferring to new documentation was on going.

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified. The manager confirmed there were no identifiable trends or patterns in the last 12 months.