

Airedale No1 Ltd

Airedale Residential & Dementia Home

Inspection report

Church Lane
Pudsey
West Yorkshire
LS28 7RF

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16 August 2023

24 August 2023

30 August 2023

05 September 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Airedale Residential & Dementia Home is a residential care home providing personal care for up to 40 people. The service provides support to adults some of whom may be living with dementia, have mental health needs and/or a physical disability. At the time of our inspection there were 35 people using the service. Accommodation is provided over 3 floors in an adapted building with lift access between the floors. Communal areas are located on the ground floor.

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

People's medicines were not always managed safely. Risks to people were not identified, assessed or mitigated. The home was not kept clean and hygienic. There were not enough staff to meet people's needs and keep them safe. People's privacy and dignity was not always respected.

Audit systems and processes were not robust as issues we found at inspection had not been identified or addressed. However, the provider and registered manager acted promptly in taking action to address the issues and to make improvements during the inspection.

People's feedback about the food was mixed. People did not always receive a choice or the support they required from staff at mealtimes. We were not assured people's dietary needs were being met.

We have made a recommendation about meeting people's dietary choices and preferences.

People were generally happy with the care they received and spoke positively about the staff who supported them. Staff knew people well and were kind and caring. Activities were provided, although people told us they would like more variety and opportunities to go out. People were supported to keep in touch with family and friends. People had access to healthcare services.

Some areas of the home were well decorated and comfortably furnished. In contrast other areas required further improvements. The provider had a refurbishment plan in place to address these issues. Staff received the training and support they required to meet people's needs. Staff were recruited safely, with appropriate checks carried out.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 14 December 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 5 December 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified breaches in relation to safe care and treatment, privacy and dignity and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Airedale Residential & Dementia Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Airedale Residential & Dementia Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Airedale Residential & Dementia Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 16 August 2023 and ended on 5 September 2023. We visited the service on 16 and 24 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with people in the communal areas observing the care and support provided by staff. We spoke with 8 people who used the service and 3 relatives about their experience of the care provided. We spoke with 7 staff including the nominated individual, registered manager, deputy manager, care staff, including seniors, and the cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 14 people's care records and 8 people's medicine records. We looked at 3 staff recruitment files. A variety of records relating to the management of the service were reviewed.

Alongside our visit to the service, we used remote technology including phone calls to enable us to engage with staff and electronic file sharing to enable us to review additional documentation.

We provided feedback to the registered manager and nominated individual following both days when we visited on site and at the end of the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not always managed safely which placed people at risk of harm.
- Some people were prescribed medicines to be given at a specific time or which required a minimum time gap between doses. Times of administration were not recorded on the medicine administration record (MAR) which meant we were not assured medicines had been given safely.
- People did not receive their creams as prescribed. Creams were not always stored safely and there were gaps on administration records. This exposed people to the risk of harm.
- There was not always guidance available to staff where people were prescribed 'as required' medicines. This placed people at risk of not receiving these medicines consistently and appropriately.

We found no evidence people had been harmed however, systems were not in place to ensure medicine management was safe. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection and confirmed action had been taken to ensure these issues were addressed.

- Medicines, other than creams, were stored safely and securely and the MARs for these were generally well completed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always fully assessed or acted on. On the first day we observed unsafe moving and handling practices. The provider acted promptly, providing refresher training for staff and on the second day we saw people were transferred and supported safely.
- We identified environmental risks. There were no effective systems in place to ensure bed rails were used safely and appropriately. The registered manager told us only 2 people had bed rails fitted. However, we saw bed rails were up on 5 other beds and protective bumper pads were not in place. One person's mattress was too big for the divan bed base. Not all staff on duty had master keys to be able to access people's rooms in an emergency. This placed people at risk of harm and injury.
- Risk assessments had been completed for individuals however, the information recorded was not always accurate or up to date.
- Accidents and incidents reports were not always completed. This meant not all events were captured and we could not determine the action taken to mitigate and manage the risks.
- Monthly falls analysis identified the times incidents occurred and whether the falls were witnessed or

unwitnessed.

We found no evidence that people had been harmed. However, risks to people were not always assessed and managed which placed them at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection. They confirmed action had been taken to address the environmental risks and a more in depth analysis of falls had been implemented.

Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises.

On the first day of inspection cleanliness throughout the home was poor with strong malodours in several areas. Improvements were noted on the second day. However, there were still odours in parts of the home and a deep clean was required. One relative said, "7 out of 10 for cleanliness; it's the smell, it's here all the time, sometimes worse than others."

Hygiene practices relating to one person's catheter care also needed to improve to reduce the risk of infection.

We found risks associated with infection prevention and control were not always assessed and managed which placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection. They confirmed the flooring in one area had been replaced and new flooring was to be fitted in other areas of the home. Housekeeping staff had been recruited and an external cleaning company was visiting twice a week until the new staff were in post. Issues relating to one person's catheter care had been addressed.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

- We saw family and friends visiting people on both days of the inspection. Relatives said they were happy with the visiting arrangements.

Staffing and recruitment

- There were not enough staff to meet people's needs and keep them safe. On first day we raised concerns about staffing levels in relation to care, catering, cleaning, laundry and activities. There were long periods of time when no staff were present in communal areas. Deployment and oversight of staff had improved on the second day.
- A dependency tool was used to calculate staffing levels and showed 5 care staff were required during the

day and 3 at night. There was no evidence to show the complex layout of the building had been taken into consideration. During the day some people chose to stay in their rooms while others were in different communal areas. Staff told us at night some people walked around and others required 2 staff to support them. Night staff also had cleaning tasks to complete.

- Duty rotas showed care staffing levels were not always maintained. There were often low levels of housekeeping staff and on some days there were none on duty. Housekeeping staff covered both cleaning and laundry duties. Although a cook was on every day, there was not always a kitchen assistant to support them. Staff said they often had to help out with cleaning and washing up which impacted on the care they were able to provide.
- Feedback from people and relatives was mixed; some were happy with the staffing. Others felt there were not enough staff. Comments included, "It takes them too long to come, it makes me annoyed, they can take over an hour"; "They could do with more staff. They don't come straight away but they do come" and "[Family member] complains staff don't come when they press the buzzer."

There were not enough staff to meet people's needs and keep them safe. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection. They confirmed they were recruiting to increase the staffing levels during the day and had joined a recruitment scheme organised by the local authority.

- Recruitment processes ensured appropriate checks were completed to help ensure staff were suitable and safe to work with people using the service.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse and harm.
- People's personal finances were managed safely.
- Staff understood the procedures to follow when concerns were identified.
- Where safeguarding incidents had occurred, referrals had been made to the local authority safeguarding team and notified to CQC.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were not always met.
- On the first day mealtime experiences were poor. People were not offered a choice of meals or given the support they needed. Many people did not eat their lunch saying the meat was very tough.
- We saw an improvement at lunch time on the second day. Menus were displayed. People were offered a choice and were supported by staff. Tables were nicely laid. People said they enjoyed the food. Teatime was not as good, there were fewer staff. Some of the sandwiches were poor quality. There was no choice for those who required a pureed meal.
- People gave mixed feedback about the food. One person said it was 'marvellous'. Other comments included, "The food's alright but the puddings are a bit off, like the trifle not being set"; "No choice of food, they just slap it down in front of you", "The food is good but no choice" and "I don't care for the food. There's a lot of sandwiches."

We recommend the provider seeks and follows best practice guidance on ensuring people's dietary choices and preferences are respected.

The provider responded during the inspection and informed us of actions they had taken to address these issues.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed before they moved into the service. One relative said, "We discussed [family member's] needs prior to admission."
- The building was adapted to meet people's needs and areas of the home were nicely decorated and furnished. In contrast other areas required further improvement. The provider had a refurbishment plan in place to make improvements.
- The environment did not promote independence for people living with dementia. For example, all bedroom doors were the same colour, many had no name or photo on to help people find their rooms.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to carry out their roles.
- The training matrix showed most staff had completed training. Where there were gaps, the registered manager advised additional support was being provided to staff. Staff said the training was good and kept

up to date.

- Staff received regular supervision and said they felt supported by the registered manager.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care records showed the involvement of healthcare professionals such as the speech and language therapy team (SALT), GP and district nurses.
- People told us the GP visited weekly and were satisfied with the healthcare arrangements in place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to consent to their care and treatment and live at the home was assessed.
- Systems were in place to monitor DoLS applications and authorisations. One person had a condition on their DoLS which required staff to record when the person expressed or demonstrated a desire to leave the home. Some care staff were not aware of this condition or the action needed to meet it.
- Mental capacity assessments and best interest decisions (BID) were completed for some decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were not always treated in a caring and considerate way by staff. We saw 2 people who were distressed and wanted to get up and leave the dining room. They were repeatedly told to sit down by staff and other people which made them more agitated and upset. We asked a senior staff member to attend to the person.
- People's privacy and dignity was not always maintained. On the first day of inspection staff handover took place in a communal area where people were sitting. This breached confidentiality as people's personal details and care needs were discussed.
- Privacy was compromised for people whose bedroom windows were level with the car park as there was no privacy screening in use.
- One person repeatedly asked for the toilet and was becoming distressed. The registered manager said they would take the person to the toilet but instead took them to the lounge and it was 10 minutes later before the person was eventually taken to the toilet by staff.
- People's cultural needs were not always met. One person required a halal diet however the cook told us they had not bought any halal meat as there was none at the supermarket.

We found people were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection and confirmed actions had been taken to make improvements.

- Overall, we found staff were kind, caring and patient in their interactions with people. They clearly knew people well and were friendly in their approach. One person blew a kiss to a staff member and said, "He's lovely." We saw another staff member gently supporting a person into the lounge, encouraging and reassuring them and making them smile.
- People and relatives praised the staff. Comments included, "The staff are great; if you ask for anything they get it and they help you"; "The staff are lovely and always helpful" and "On the whole they are very good. Some just ignore you. The regulars are very good."
- Overall people looked well groomed. They told us staff always knocked on the door and said who they were when entering.

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

- Staff involved people in decisions about their day to day care, asking where they would like to sit and what they would like to drink.
- Some relatives said they were involved in care planning and were kept informed. One relative said, "We discuss the care plan. I ring weekly to speak to [staff] and they tell us how [family member] is."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always receive person-centred care.
- Some care records had detailed information about people's needs and preferences. However, other care records were not accurate in reflecting people's current needs. One person had a wound, yet their care plans and assessments stated their skin was intact. Another person's care plan provided contradictory information about their mobility and the support they required from staff. A further person's care records gave conflicting information about their dietary requirements which was not in accordance with the SALT advice.
- Care plans were not always followed by staff. One person's care plan said they needed to be supported to the toilet every 2 hours. We saw the person was not supported to or asked if they would like to visit the toilet for over 4 hours.

We found people's care records were not always accurate in reflecting their current needs and the support they required. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection. They confirmed care plans had been updated and were being monitored.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social care needs were not always met.
- A staff member combined 2 roles, including that of activity co-ordinator. We observed some activities taking place. This included colouring, quizzes, bingo and staff dancing with people. The registered manager shared photos of recent activities that had taken place including a Summer Fair which had raised money for the residents' fund.
- People expressed mixed views about activities. Some people told us they would like to go out more. Comments included, "I have my hair and nails done; somebody comes in"; "I'd like some more activity. It's usually just a game of bingo, it would be nice to have something else" and "Not a lot going on at the moment because they haven't enough staff."
- Relatives told us, "They could do with more stimulation"; "They used to have a person who did activities, but they've been doing [other tasks] for a few months now" and "I've seen music and movement and they have a hymns and prayer group."
- People were supported to keep in touch with family and friends.

The provider responded during the inspection. They confirmed they were reviewing the current activity programme and looking to introduce more activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans provided information about people's communication needs.
- The provider information return (PIR) showed information could be provided in different formats if required to meet individual needs. For example, large font, easy read and different languages.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints. The complaints procedure was displayed in the home.
- The complaints log detailed the complaints received and actions taken in response. However, we discussed the response to 1 complaint with the registered manager who confirmed the actions had not been implemented.
- People told us they would raise any concerns with the registered manager and felt they would be dealt with appropriately. One relative said, "The manager is very accommodating. We have got to know them quite well. They deal with things well when we make suggestions."

End of life care and support

- People's end of life wishes and preferences were discussed and recorded in care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found shortfalls at this inspection with regulatory breaches relating to safe care and treatment, staffing and privacy and dignity. These issues had not been identified or addressed through the provider's own governance systems.
- Quality audits were not effective in identifying or securing improvements. For example, medicine audits had not identified the issues we found. Weekly care record audits throughout June and July showed the same gaps in recording were occurring each week. Monthly weight audits provided no information to show the actions being taken in response to people who were low weight or had experienced significant weight loss.
- Provider visit reports were completed. The report in March 2023 identified shortfalls and actions to be taken. A follow up visit in June 2023 noted improvements had been made. However, some of the issues identified in the March report were similar to those we found at inspection which showed improvements had not been sustained.
- Statutory notifications had not always been submitted as required for serious injury incidents. The provider agreed to submit these retrospectively.
- People's care records were not always accurate or up to date. There were gaps in recording which meant we could not get a clear overview of care delivery and check if people's needs were met.

We found systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded promptly to our feedback during the inspection. They confirmed action they had taken to make improvements.

- Staff spoke positively about the leadership and management of the home. Comments included, "I feel supported. [Registered manager] does listen" and "Any issues I can go to [registered manager]. If I bring up things he sorts it and has supported me when I needed to swap shifts." Staff said they enjoyed working at

the home and spoke warmly and compassionately about the people they supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were generally happy with the care provided. Comments included, "I'm very happy with everything. They look after me well"; "They are really good to us and really care" and "It's lovely compared to [name of another care home], it's paradise compared to that."
- A newsletter with information and updates was circulated to people and relatives.
- Minutes from residents and staff meetings showed their involvement in making decisions about the running of the home.
- Satisfaction surveys had been distributed to people and relatives. Those received back gave positive feedback as well as some suggestions about food and activities. The registered manager was waiting for further responses before collating the information and sharing the outcomes with people.
- Care records showed the service worked in partnership with health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect Regulation 10 (1)(2)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not assessed, mitigated or monitored. Medicines were not managed safely. Infection control risks were not assessed or managed. Regulation 12 (2)(a)(b)(g)(h)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to assess, monitor and mitigate risks to people or to improve the quality of the service. Regulation 17 (1)(2)(a)(b)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough staff to meet people's needs and keep them safe. Regulation 18 (1)