

Avery Homes Kirkstall Limited

Aire View Care Home

Inspection report

29 Broad Lane
Kirkstall
Leeds
West Yorkshire
LS5 3ED

Tel: 01133885440

Website: www.averyhealthcare.co.uk/care-homes/west-yorkshire/leeds/aire-view

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aire View Care Home consists of an 84-bed facility across three floors with an emphasis on independent living. All rooms have en-suite shower and toilet facilities. There are several lounges, dining and quiet areas. All floors are connected by a passenger lift. On both days of our inspection there were 79 people living at Aire View.

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

The registered manager and the deputy manager were responsive to any concerns we raised during the inspection; implementing corrective actions immediately where this was apparent and discussing plans where further improvements were required.

Care plans were mostly person-centred, but they had not consistently been updated and reviewed to ensure they reflected people's current needs. The registered manager had put plans in place to address this. Staff understood the importance of providing person-centred care and had developed positive relationships with people.

The management of people's medicines was safe. There were enough staff deployed on both days of the inspection to ensure people received their required care and support. The provider followed safe recruitment procedures. People felt safe and staff understood how to identify and report any safeguarding concerns. Risks to people's health and safety were assessed and mitigated. Effective management systems for the prevention and control of infection had been established. Some carpets and furniture were in the process of being replaced.

The service had been suitably adapted to include the use of signage and decoration to assist people to orientate themselves. There was easy access to a large well-maintained the garden with stimulating features. The provider was taking steps to make the living environment more dementia friendly.

Staff had received appropriate induction, had completed mandatory training and supervision was conducted. The registered manager said they were a little behind with staff appraisals but had plans in place to address this. The registered manager displayed a commitment to providing high quality person-centred care. People told us staff were kind and caring and we saw people's dignity and privacy were respected. Staff had a clear understanding of, and how to support, people's individual and diverse needs. People received enough to eat, and drink and their mealtime experience was unhurried, relaxed and people received the right amount of support in a timely way. People were supported to use and access other healthcare professionals.

People had access to a good range of activities and the provider worked with other organisations, to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this

practice.

People, relatives and staff had the opportunity to provide feedback on the service received. There was a system to respond to any complaints. People and their relatives were supported to receive information in an accessible way to enable them to be involved in their care and support. The service had a quality assurance system in place. Accidents and incidents were analysed, and action taken were needed. Staff said the registered manager was supportive and approachable.

We have made a recommendation in the 'responsive' section of the full report about some areas of people's care plans and the care planning process.

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

Rating at last inspection

The last rating for this service was Good (published 19 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service through information we receive. Further inspections will be planned for future dates as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Aire View Care 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 Care Act 2014.

Inspection team

On the first day of our inspection, the inspection team consisted of three inspectors, a specialist advisor in medicines and two Experts 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. Our Experts by Experience had knowledge about people living in a residential environment. One inspector carried out the second day inspection.

Service and service type

Aire View Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This meant they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed the information we held about the service, including statutory notifications. Notifications are used to inform CQC about certain changes, events or incidents that occur. We requested feedback from stakeholders. These included the local authority safeguarding and commissioning team and Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR). The PIR is a form providers are required to send us which

contains 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 spoke with 20 people who used the service and eight relatives, across all the floors, about their experience of the care provided. We spoke with the registered manager, deputy manager, two senior care staff, seven care staff and the chef.

We reviewed documents and records that related to the management of the service, including a range of policies, procedures and guidance used by staff in their role, records of safeguarding and complaints, audits and quality assurance reports. We reviewed six staff member's files and records associated with the management and administration of people's medicines. We looked at six people's care plans in detail.

After the inspection

After the inspection, additional evidence was sent to us and this information was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely.
- People and relatives told us they were happy with how they received their medicines. One person said, "I have tablets for Parkinson's, they [staff] are always on time." A relative said, "Staff are very good when administering [name of person]'s tablets."
- An electronic medicines administration record (MAR) was used to record when a medicine had been administered. The administration, storage and disposal of medicines was satisfactory.
- The electronic MAR did not allow staff to record each time a fluid thickener was added to a person's drink, making it unclear when drinks were thickened correctly. The deputy manager changed their system to record this.
- The electronic MAR was unable to produce a body map to show exactly where a medicine patch had been applied previously. The registered manager decided to move to a paper system, to enable staff to rotate patches correctly.
- Time specific medicines for Parkinson's Disease were administered at the correct time. However, staff did not record this at the actual time the medicine was administered. The registered manager addressed this on day one of the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse.
- People and relatives felt safe with the care provided. One person said, "I do feel safe here, I think it's one of the better homes." A relative said, "No concerns about safety here, plenty of staff, good security."
- Staff received training in how to recognise the signs of abuse and had a good understanding of what to do to make sure people were protected from the risk of harm. One staff member said, "I would report anything I may see or hear that may have a negative impact on people."
- The provider had a safeguarding policy in place. Safeguarding matters had been appropriately reported to the local safeguarding team.
- Information about whistleblowing was available to staff which meant they could report poor practice.

Assessing risk, safety monitoring and management

- Accidents, incidents and significant events were recorded and monitored. Regular checks were undertaken to capture re-occurring themes.
- Where falls had been recorded there was an overview analysis to reduce the likelihood of a re-occurrence. A relative said, "[Name of person] has had a few falls but staff are straight on the ball." ● We noted one person was wearing incorrect footwear. We spoke with the registered manager who addressed this

immediately and put a system in place to monitor for future occurrences.

- Risk assessments within people's care plans were reviewed on a regular basis, and/or in response to a particular event.
- Service records, the environment and equipment were well maintained and safe.
- Staff had received training in fire safety and checks on fire equipment were carried out. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

Staffing and recruitment

- There were sufficient numbers of staff deployed to ensure people received appropriate care and support.
- People and relatives told us there were mostly enough staff to meet their needs. One person said, "There are plenty of staff, day and night." A relative said, "I usually visit at weekends, I always see plenty of staff around."
- Staff said there were generally enough staff to meet people's needs safely. A staff member said, "Staffing is fine, we all help each other."
- People told us the call bells were usually answered in a timely manner. We observed this to be the case. One person said, "Yes, plenty of staff, they [staff] come pretty quick if I press the buzzer."
- Staff had been recruited safely to ensure they were suitable to support vulnerable people.

Preventing and controlling infection

- People were protected from the associated risks of infection.
- Communal areas and people's bedrooms were clean and there were no unpleasant odours. Although, we noted a slight odour on one floor. The registered manager said they were aware of this and were in the progress of changing carpets and some items of furniture.
- Everybody spoke positively about the cleanliness of the home. One person said, "It is spotless, I don't know how often they clean my room, but it is always clean."
- Staff used protective equipment such as gloves and aprons and said the home was always clean. A staff member told us staff worked as a team to maintain the cleanliness and did not just rely on the domestic team.
- Staff received training in infection control and food hygiene.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor accidents/incidents. and understood how to use them as learning opportunities to try and prevent future occurrences.
- During the inspection, the inspection team identified a medication process which could be improved, and registered manager was going implement changes as a result.
- Outcomes of investigations were shared with the staff team to promote shared learning.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed before they began using the service to ensure the service could meet their needs.
- People's needs were delivered in line with guidance such as The National Institute for Health and Care Excellence guidance on oral hygiene and care.
- The registered manager said the majority of the providers policies, where appropriate, included, The National Institute for Health and Care Excellence guidance.

Staff support: induction, training, skills and experience

- People received care and support from skilled and knowledgeable staff.
- People and relatives said staff had the skills and knowledge to meet their needs. One person said, "They [staff] are very good carers and know what they are doing."
- Staff completed training in a range of different topics and they [staff] said they were happy with the training. One staff member said, "Very good training; have learnt a lot."
- New staff completed an induction programme. A staff member said, "I feel really confident after my induction." Staff new to care completed the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care.
- Staff received regular supervision. Supervision meetings provided staff with the opportunity to discuss any training and development they wished to undertake. The registered manager told us they were a little behind with staff appraisals but had plans in place to address this shortfall.

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

- People's nutritional and hydrational needs were met.
- People and relatives said, in the main, food was nice, and they enjoyed the meals. One person said, "Food is very good, can't complain." A relative told us, "We have had the food here and it was terrific. There is always plenty, and it is home cooked."
- People could choose from a menu or a visual representation of the meals on offer.
- All meals were home cooked, of good quality and were well presented. The mealtime experience was relaxed, and people received the right amount of support in a timely way.
- People had access to food and drink throughout the day.
- The chef was clear about people's dietary needs and how to meet these.
- People were protected from the risk of weight loss and records supported this.

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

- Staff worked well together, and handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- Where people required access to healthcare services, this was organised, and staff followed guidance provided. This was confirmed by a healthcare professional we spoke with.
- People said they were supported to access healthcare professionals when needed. One person said, "They [staff] get the doctor if I am poorly, I am off to the dentist soon."
- The registered manager said they had a good relationship with the local GP. The GP attended the home weekly to hold a clinic for people to discuss any concerns.
- An oral health assessment had been completed for each person. The registered manager told us they were waiting for a dentist to come and see people. A relative said, "[Name of person] has dental problems and they [staff] have got someone to help her."
- Staff felt people's health needs were managed well and were aware of signs of deteriorating health.

Adapting service, design, decoration to meet people's needs

- The environment had been developed in line with requirement to assist people living with dementia which maximised people's independence. The provider was in the process of implementing a new dementia strategy. This included staff completing further training in dementia awareness and a review of the environment.
- Communal areas were thoughtfully decorated, light and spacious. A relative said, "Facilities here are very good, plenty of quiet lounges where you can sit and talk."
- The home benefited from large well-maintained gardens that was accessible for wheelchair users and people with limited mobility.
- People's bedrooms were nicely decorated with photographs and pictures which reflected their personal preferences.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. The registered manager was in the process of reviewing applications with the local authority.
- Mental capacity assessments and best interest decisions were documented, although, the registered manager was improving record keeping, ensuring decisions made in people's best interest were clearly recorded.

- Some relatives had given consent on behalf of a person, but records did not show if the appropriate legal authority was in place for them to do this. The registered manager said they would obtain appropriate information from people's relatives, where needed.
- People were involved in making every day decisions and choices about how they wanted to live their lives. One person said, "I always get up early, I go to bed when I want."
- Staff showed a good awareness of MCA, and they understood the need for consent and giving people choice. Staff received training in MCA and DoLS.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support from staff who were friendly and caring. Interactions between staff and people showed positive relationships had been developed and staff spoke with genuine warmth and fondness about people.
- People said they were treated with kindness and provided consistently positive feedback about staff and living in the home. One person said, "It is very good here, couldn't ask for better. They are always there for me." A relative said, "Staff are brilliant no complaints."
- Compliments had been received by the home. These included, 'my mum spent four very happy years and was very well looked after and cared for, she always sounded happy and cheerful' and 'words cannot express how happy we are with the care my mum is receiving'.
- People were well dressed and clean in their appearance and were mostly wearing appropriate footwear.
- People were supported to access religious services of their choice, both in the home and to visit places of worship.
- Staff completed training in equality and diversity.

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

- Staff supported people to make day to day decisions about their care and support.
- Staff demonstrated a good knowledge of people's preferences and individual needs as well as what was important to them.
- Some people told us, and some care plans showed people, and/or their relatives were involved in care review meetings and made decisions about the care provided. A relative said, "We are consulted of any changes and I do read [name of person]'s care plan. But really there is no need staff explain things to us very well." However, not all care plans had been signed to evidence this. The registered manager said they would address this.
- People had access to advocates where this was required. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. Staff understood the importance of respecting people's privacy and dignity. For example, knocking on people's bedroom doors before entering and making sure people were covered when providing personal care.
- People were supported to maintain relationships with those close to them.

- Staff encouraged people to remain independent. One person said, "They [staff] help me stay as independent as I can."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were mostly person centred, but some areas would benefit from further detail or an update. For example, one person's eating and drinking care plan did not refer to fortified foods, milkshakes and high calorie snacks which the person had, although staff were aware of this need.
- One person did not have a care plan in place following GP advice regarding concerns with an area of their skin. However, all staff described how they monitored this issue during personal care. A care plan was put in place on day one of our inspection.
- The registered manager said they were in the process of transferring everyone's care plan into an electronic format, but this was not yet fully completed. Therefore, some care plans were still in a paper format. Following day one of our inspection, the registered manager had put measures and actions in place to ensure all the care plans would be reviewed and updated.

We recommend the provider review both people's paper and electronic care plans to ensure they fully reflect people's physical, mental, emotional and social needs, in line with their internal policies and procedures.

- Staff showed a good awareness of people's needs, could describe in detail personal care routines, people's likes and dislikes and risks. Life histories were recorded in detail to support staff to provide care and support to people. Staff said they found care plans had enough information in them, especially the new computerised ones.
- A healthcare professional said, "Staff are knowledgeable about the people they care for."
- People's diverse needs were detailed in their care plans and met in practice. This included cultural needs and religious requirements.

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 had access to a varied programme of activities. Along with access to a well-designed and thought-out garden, with several different areas, things of interest and stimulating features. Weekly activities on offer included baking, games and jewellery making.
- People told us they enjoyed the activities. One person said, "I like to get involved with what's going on, like singing and exercising." A relative said, "They do all sorts, the other week they had birds of prey, baby owl was brought in and people's faces lit up."
- We observed people enjoying the entertainer. People were laughing, smiling and actively joining in. They were tapping their feet and waving their arms.

- The registered manager had created positive community links, which supported activities in the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with people and care plans contained information about people's communication needs and any sensory support or adaptations they required.
- Documents could be produced in any format or language that was required.
- Technology used in the home included such items as call bells and sensor mats which alerted staff when people require assistance. An 'Alexa', (virtual assistant) was on each floor allowing people to choose music of their choice.
- The provider complied with the AIS.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint. One person said, "Any problems I would talk to one of the girls." A relative said, "Yes, I know how to complain. I would speak with the manager but, I have never felt the need to do so."
- The registered manager acted upon complaints in an open and transparent way and used them as an opportunity to improve the service.
- Where complaints had been made, they were responded to in line with provider's policy.

End of life care and support

- Where people wished to discuss their end of life care preferences, these were recorded in their care plan.
- Staff understood people's needs, were aware of good practice and guidance about end of life care, and respected people's religious beliefs and preferences.
- Some staff had received end of life care training and worked closely with other professionals to make sure people received coordinated care.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Trends or patterns were analysed when accidents and incidents occurred to prevent further reoccurrence. Following day one of our inspection, the registered manager had updated the accident/incident forms to reflect how actions related to the persons care and support needs.
- Quality assurance systems were in place which ensured the service was monitored and any risks were identified.
- There was a calendar of audits which were scheduled to take place monthly for 2019. Action plans there were created from the audits with who was responsible for completing the actions and a date these needed to be completed by.
- The regional manager completed monthly visits to the home. Their oversight was used to maintain standards and to identify areas for improvement.
- The provider had policies and procedures in place that provided staff with clear instructions.
- The management team were aware of their role and responsibilities and usually submitted notifications to CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team were committed to providing good quality care to people and promoted a positive person-centred culture.
- People provided positive feedback about the management of the home and said they were approachable. A person said, "It's very good, slick, it hard to imagine anything better. The atmosphere is so light, airy and relaxed."
- Staff spoke highly of the management team and they felt supported by the registered manager. One staff member said, "The management team are fine, I have had no concerns."
- The registered manager and deputy manager had a visible presence in the home and knew people, their needs and their relatives well.
- The management team interacted in a relaxed and caring way with people and relatives and they provided support and assistance when required.

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

- Management and staff understood their individual and collective legal responsibilities to act in an open, honest and transparent way when things went wrong.
- Where a significant event had occurred, appropriate records had been maintained and onward referrals/alerts had been raised with external agencies. Relatives were routinely informed and kept updated, if appropriate.
- People and relatives were very positive about living in the home. One person said, "They do everything well, I have no complaints, it's a very difficult job." A relative said, "The people here are very well looked after and valued. We have never heard a raised voice."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had sought feedback to help maintain and improve standards at the home.
- There was a range of ways for people, relatives and staff to be able to provide feedback to the management team. These included residents and relative's meetings, staff team meetings, satisfaction surveys and a complaints procedure. A relative said, "We have been to a few meetings, they are very good. People were asked about the food and we were told about some new furniture."
- Staff meetings were held on a regular basis. Staff said they felt supported to contribute to meetings and to suggest ways in which improvements could be made.

Working in partnership with others

- The registered manager had good links with the local community and worked in partnership to improve people's wellbeing. For example, local schools attended the home to provide entertainment.
- The registered manager worked closely with healthcare professionals and feedback we received from the healthcare professional we spoke with was positive. They commented, "I have a good relationship with staff and they are helpful."
- The registered manager shared best practice and information with other care homes within the provider group.