

Warmest Welcome 2 Limited

Straven House Care Home

Inspection report

Queens Road
Ilkley
West Yorkshire
LS29 9QL

Tel: 01943607063

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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

Straven House is a residential care home providing accommodation and personal care to 19 people aged 65 and over at the time of the inspection. The service is located in a residential area and has accessible gardens. The service can support up to 24 people.

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

People lived in a safe, appropriately adapted environment, and any risks associated with their care and support were well managed. Medicines management and administration practices were robust. Enough safely recruited, well-trained staff were present during the day, however the operations manager said they would review night staffing levels in response to feedback gathered during the inspection.

There was good support for people who could not make decisions independently, and staff offered people choice. People had enough to eat and drink, and had good access to health services when they were not well.

Staff were caring and ensured people's dignity and independence were maintained. People said they felt respected, and care plans were up to date and personalised according to people's preferences. People were supported with dignity and compassion when they reached the end of their lives.

If people wished to read their care plans they were provided in a suitable format. Any concerns or complaints raised were well managed, and there were good systems in place to ensure quality was maintained in the service. People and staff were consulted in decisions about the running of the home, and we received positive feedback from other health professionals.

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

The last rating for this service was good (published 11 May 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 ●

Straven House 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

The inspection team consisted of an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from other bodies such as the local authority and safeguarding teams. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the deputy manager, operations manager, a nurse and three members of staff. We spent time speaking with five people who used the service, four visiting relatives and three visiting health professionals. We spent time looking round all areas of the service. We reviewed four people's care records including medicines administration records and looked at other records relating to care and the running of the service.

After the inspection

The provider sent us additional information which we used in making our judgements.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider had safe recruitment practices in place. These included background checks to make sure staff were safe to work with vulnerable people.
- People said they thought there were enough staff during the day. Comments referred to quick responses and always seeing staff around. One person told us, "They are so kind, [there is] always someone around if I need help. I don't have to look far."
- During our inspection we saw staff were able to provide care and support to people when they needed it. Some people and staff said there may not always be enough staff on duty at night. We discussed this with the operations manager who told us they were in the process of recruiting staff to provide some additional evening cover. They said they would review their night staffing levels in response to our feedback.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were certain they were safe at Straven House. They told us call bells were answered promptly, which helped this feeling of safety. One person said, "If I need help I press my button. The response is reassuringly good." Relatives also told us they thought people were very safe living in the home.
- Staff had a good understanding of their role in identifying and reporting concerns about potential abuse.
- The provider ensured incidents were reported to the local authority safeguarding teams and CQC as part of this process.
- There was a good standard of investigation into any incidents using a proven root cause analysis approach. This meant the likelihood of repeat occurrences was reduced.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support needs were rigorously assessed, and clear guidance produced for staff to show how they could minimise these risks.
- We observed safe practice in using care equipment such as hoists during the inspection.
- Equipment and systems such as electrical circuits and fire safety systems were regularly serviced and checked in line with best practice. There were regular fire drills to check staff had the knowledge and confidence to keep people safe during any emergency.

Using medicines safely

- Medicines practices were safe. There were good controls in place to make sure people got their medicines when they needed them, storage was secure and record keeping and audit systems were robust.
- People said they had good support to make sure they got their medicines on time, including those for pain relief if they told staff they needed them.

- Good practice principles were followed at all times. These included effective systems to manage medicines prescribed for use when needed, and to support the safe use of pain relieving patches which must be applied to different areas of the body for each use.
- The service was actively working to reduce the use of antibiotic medicines, and only request these when no other options were available to minimise people's symptoms. This good practice helps ensure antibiotic medicines remain effective.

Preventing and controlling infection

- People told us they thought the home was clean. One person said, "I think the cleaners do a very good job. If the bathroom is dirty I tell them and they clean it straight away." A relative told us, "It couldn't be better the house keeper is very particular about things being done properly. [The home] smells clean."
- Infection control risks were minimised because the home was clean and well maintained. Staff used equipment such as gloves and aprons when delivering personal care and handling food.

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 good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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.

- People's capacity to make specific decisions was assessed, and where people were unable to make these decisions for themselves appropriate processes were in place.
- Applications for DoLS were made in a timely way, and there were control processes in place to ensure re-applications were submitted prior to the expiry date. Where DoLS were granted with conditions the provider was asked to meet, we saw appropriate action was taken.
- People were offered choice and care plans contained information about people's preferences, likes and dislikes. People said they were able to choose their time of getting up and going to bed, what to wear and how they spent their time. One person told us, "I am asking for a curry tomorrow and I should get it."

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills to provide the care and support people needed. One relative said, "It [the care] feels efficient and feels right." A person living in the home told us, "Yes they [staff] know what they are doing."
- There was a good induction programme in place to help new staff learn the skills they needed to be

effective in their role. This included regular monitoring of performance and completion of The Care Certificate, which is a recognised national qualification.

- Staff had regular support through supervision meetings, an annual appraisal and a rolling training programme to help keep their skills and knowledge up to date.

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

- There were processes in place to monitor people's nutritional health. Any concerns were responded to in a timely way, with reference to appropriate health professionals when needed.
- When people needed an adapted diet, for example to help manage increased choking risks, this was always available and well presented.
- There were facilities available to people and their relatives to enable them to make hot and cold drinks as they wished.

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

- We spoke with three visiting health professionals during our inspection. They told us the staff knew people well, understood when to request appointments and always followed any advice they gave.
- There was a weekly, planned GP presence in the home, and doctors also visited when needed. A dentist and optician visited when needed.
- People had good oral care plans in place, and there was an oral care champion who helped drive awareness of the importance of this aspect of people's care. The deputy manager told us they had seen a positive impact from this initiative.

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

- There was clear signage in place to help people navigate independently around the home.
- People's rooms were personalised and well-lit.
- Good use was made of contrasting colours for hand rails and grab rails to help people identify these when mobilising.

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 good. 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 and their relatives gave uniformly positive feedback about the caring nature of the service. Comments included, "They are just so friendly, they are fantastic when doing personal care," "They are polite and caring," and "[staff] genuinely care for people."
- The assessment and care planning processes were thorough in exploring people's diverse needs and how to meet these. Characteristics such as people's sexuality, disabilities, sensory impairments, gender and any need to maintain their faith or personal relationships were considered.
- The requirements of the Equality Act 2010 were met, and we concluded discrimination was not a feature of this service.

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

- People were not always able to tell us about their care plans or how they had been involved in writing or contributing to them. However, care plan documentation was detailed and showed staff had got to know people's needs well. There was a lot of information about families and friendships, life histories to date, hobbies and interests and any spiritual or faith practices the person may need support to maintain.
- The operations manager told us they were in the process of making changes to the care planning process to more directly reflect the involvement of people, their relatives and key staff.

Respecting and promoting people's privacy, dignity and independence

- People told us they valued the staff's approach to this aspect of their care. One person said, "They do respect my ways." Another person told us, "All of the staff are excellent in the way they speak to me - they show respect." A relative told us, "They help [person] keep their independence." Staff knew people well and always addressed them by their preferred name.
- Throughout the inspection we observed staff were routinely mindful of people's privacy. We saw discreet conversations taking place and staff knocked on doors and waited to be invited into people's rooms. People told us this was always the case.
- People's personal care was maintained. Hair and nails were clean and styled to people's taste, and clothing appeared well cared for.
- Staff used people's preferred names when addressing them, and we were able to see how people liked to be addressed recorded in their care plans. Staff we spoke with were able to tell us how they encouraged people to remain as independent as possible.

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 good. 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 detailed and included information which showed how they preferred their needs to be met.
- Information about care and support needs was regularly reviewed to ensure staff always had access to up to date information.
- People told us staff knew how to provide personalised care which they appreciated. One person told us about additional help they liked to have when washing, and said staff always did this for them. Another person said their plans to have a bath changed when they received a visitor, and staff reassured them they could still bathe later.

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.

- The provider was in the process of transferring care documentation onto an electronic system. The deputy manager told us they could easily make paper copies if people wished to have or review a copy of this information, and that the print size could be adapted if this helped people who may have a visual impairment.
- Pictures of meals served at the home were used to help people make choices from the menu. The choices for the day were also displayed.

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

- Staff we spoke with were knowledgeable about people's preferred hobbies, activities and interests, and these were documented in people's care plans.
- The operations manager told us they were changing their approach to activities in the home. They said they wanted to focus on supporting people to maintain their overall well-being, rather than relying on shared, planned activities. This would increase the scope and choice for people in how they spent their time in ways meaningful to them. We saw staff engaged in one-to-one activities with people.
- Some people had chosen to have private telephone lines in their rooms to enable them to maintain independent contact with family and friends. Some people used mobile phones to do this. We saw visitors were made welcome at all times.
- People had opportunities to enjoy trips into the community and activities such as baking and gardening in

the home.

Improving care quality in response to complaints or concerns

- There was a strong process in place to ensure any concerns or complaints were treated equally and investigated thoroughly. People raising concerns were kept informed, and we saw action was always taken.
- There was a complaints policy on display for people to read if they wished.

End of life care and support

- People's end of life wishes were explored and documented when people were happy to discuss these. One visiting health professional told us they had supported palliative care at the home and said they thought the staff provided this to a good standard.
- The deputy manager told us they were mindful of the support families may need and the questions they may want to ask during this period.

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

- People told us they knew the registered manager and that they spoke with everyone every day. One person told us, "They do run the home to a good standard, they do listen and the manager is always about." A relative said, "I know who the manager is and I am very pleased with the service."
- There were effective controls in place which enabled the management team and staff to be knowledgeable about people, their needs and good practice.
- The service was person-centred in its approach and focused on supporting people to achieve positive outcomes, such as increased socialisation and better engagement with their personal care.
- There was good oversight of quality in the service, with regular audits and checks carried out by the registered manager and provider. Actions were taken when needed to make improvements identified in this process.

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

- People's relatives told us the service kept them informed about incidents in the home and people's overall well-being. Staff called them to keep them up to date or spoke with them when they visited the home.

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

- People, their relatives and staff were consulted through meetings and surveys to ensure they had opportunities to help shape and improve the service. We saw actions were taken as a result of feedback received.
- We observed good communication and effective team working throughout the inspection.

Continuous learning and improving care

- People and their relatives gave positive feedback about their experiences of care in the home. Most people we spoke with said they could not think of anything that could be improved.
- Where individual feedback was given, for example through surveys, we saw the registered manager considered how to make positive changes that would benefit the whole service.
- The operations manager and deputy manager told us about how they planned to make further improvements in the service. These improvements were driven by research, for example into best practice

and by reading CQC reports about other services to see what they did well and how these examples could be incorporated into practices at Straven House.

Working in partnership with others

- There was effective partnership working with a range of health and social care services to ensure people received good care.
- Health professionals we spoke gave positive feedback about the service. They told us all staff knew people well, and any significant changes or concerns were referred to them in a timely way.