

Mrs Jacqueline Lorraine Bailey

Airthrie Homes - 58 Airthrie Road

Inspection report

58 Airthrie Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 28 October 2014 and was unannounced.

At our last inspection in January 2014 we found the service was meeting the regulations we looked at and did not identify any concerns about the care and support people who lived at Airthrie Homes - 58 Airthrie Road received.

Airthrie Homes - 58 Airthrie Road is a care home that provides accommodation and 24 hour support with personal care for up to four adults with learning disabilities.

People told us they felt safe. People were treated with respect and dignity by the staff. We saw that each person

Summary of findings

had individual risk assessments which had been incorporated into their plans of care. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

The home had proper policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

Improvements were required in relation to staff training. You can see the action we have told the provider to take at the back of this report.

We found that care plans covered all aspects of people's individual needs. The care plans included information

about people's personal care, communication, mobility, nutritional, medication and any mental health and physical health care needs. Each care plan contained individualised personal information about people and told us what people could and could not manage for themselves and what they needed help with. It was clear from what we saw and what staff told us that they understood people's care plans and that they knew people well. People were involved in decisions about their care and treatment. This was because they were asked about their likes, dislikes, choices, preferences and included in the assessment process so the home understood how people perceived what their needs were. People were supported in promoting their independence and community involvement. We observed members of staff interacting with people using the service in a courteous, polite and efficient manner. The management team welcomed suggestions on how they can develop the services and make improvements. Where shortfalls or concerns were raised these were addressed. Everyone we spoke with said they were happy with the care they received in the home.

Summary of findings

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. There were policies and procedures in relation to safeguarding the people who lived in the home. The staff were aware of their responsibilities to ensure that people were protected from the risk or potential risk of harm.

We saw staff regularly assessed potential risks to people's health and welfare both within the home and in the community. There was appropriate guidance for staff on how to manage these risks and keep people safe. There were enough staff on duty to meet the needs of the people. Two people were supported on a one to one basis when they go out in the community.

There were systems in place to manage people's medicines so that they received them when they needed.

Good



Is the service effective?

Some aspects of the service were not effective. We found staff training was not always up to date and this could place people using the service at risk of inappropriate care.

The home had policies and procedures in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff understood when an application should be made, and how to submit one. Before people received any care or support they were routinely asked for their consent.

We saw people were supported to eat and drink sufficient amounts of nutritionally well-balanced food and drink that met their needs. The feedback we received from people about the quality of the food they were offered was positive. We found staff continually monitored people's condition and where necessary sought the assistance of other health and social care professionals.

Requires Improvement



Is the service caring?

The service was caring. People we spoke with told us they were satisfied with the care and support provided by staff who worked at the service. We saw people using the service were supported by kind and attentive staff. We found people's diverse needs had been recorded and saw that care and support was provided in accordance with people's wishes.

People expressed their views and were involved in making decisions about their care and treatment. People told us staff were nice and treated them with respect. One person said 'The staff are good to me and they look after me well'. We also spoke with three relatives and they told us the staff were very good and very caring. They did not raise any concern about the care being provided in the home.

Good



Summary of findings

People who used the service told us and we saw, that they were respected and that care was delivered in such a way as to maintain their dignity.

Is the service responsive?

The service was responsive. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We found care plans to be comprehensive. They provided staff with all of the information that were needed to support people. The care plans were reviewed regularly and any changes that were identified were addressed.

The provider took account of complaints and comments to improve the service. Informal concerns raised by people were addressed through discussion with staff on a day to day basis.

Good



Is the service well-led?

The service was well-led. People using the service, staff and relatives we spoke with said the leadership of the service was good and it was a good place to work.

The manager and deputy manager kept themselves up to date by attending training sessions on different topics and then cascaded then to the staff working at the service.

Quality assurance surveys were sent out which invited people to make comments about the service. We saw that suggestions and comments had been acted on for example more permanent staff had been employed.

Good



Airthrie Homes - 58 Airthrie Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 October 2014 and was unannounced. It was carried out by one inspector.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months. We also contacted the commissioning team of the service to obtain their views about Airthrie Homes - 58 Airthrie Road.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people who used the service were supported during the day of our inspection.

We reviewed two care records for people who used the service, staff training records and questionnaires that had been completed by people using the service and their relatives. We also looked at range of records about how the home was managed.

We spoke with two people who used the service. We also spoke with the deputy manager, two members of the caring staff and the home's administrator. After the inspection, we spoke with four relatives of people who used the service on the telephone, and the local authority commissioning team for the service.

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with told us that the home was a safe place to live. One person said “I feel safe here.” Staff we spoke with told us they had received safeguarding training which had included preventing, recognising and reporting vulnerable adult abuse and/or neglect. It was evident from discussions we had with the staff that they understood what constituted vulnerable adult abuse and neglect, and knew how they could escalate any concerns that they might have. Staff also told us any safeguarding matters were always discussed during shift handovers, team meetings and supervision sessions. This was confirmed by the deputy manager. This meant staff were always made aware of any incidents and the improvements that were needed to minimise the risk of similar safeguarding issues occurring. It was also clear from discussions we had with staff that they understood their safeguarding reporting responsibilities. The home had a whistle blowing policy and encouraged staff to raise concerns in the confidence that they would deal with them in an open and professional manner.

There was evidence that learning from incidents/ investigations took place and appropriate changes were implemented. Records of accidents and incidents we reviewed included an analysis of what had happened and improvements that could be made to prevent or minimise the risk of them reoccurring. For example there had been an incident recently involving one staff member and one person who used the service. Following an investigation we saw that actions had been taken to minimise the risk of the incident happening again. We also saw that the incident was discussed when we looked at the minutes of the staff team meeting which was held just after the incident. This showed that staff were made aware of how to manage such incident.

Risk assessments were in place so staff could see how best to support people in different situations and how people might behave when distressed, unhappy or in pain. People who used the service sometimes needed support with their behaviour. Care plans showed how to best manage people's behaviour if they became unwell. These plans

where specific to each person. They identified what could cause people to become unwell and what staff should do to support the person in order to keep them and others safe.

We saw that there were arrangements in place to deal with foreseeable emergencies. The service had developed an evacuation plan so staff were aware of what they had to do should an emergency arise. We saw that the provider carried out regular fire drills and checked the fire alarm every week.

The deputy manager told us the home was always adequately staffed. We looked at the last two weeks staff duty rotas and saw staffing levels indicated on the record matched the number of staff who were working during our inspection. We saw staff interactions with people who used the service were characterised by kindness, warmth and empathy. Staff and people who we spoke with confirmed that there was always enough on duty.

There were appropriate arrangements in place in relation to the recording and management of medicines. We checked the medication administration records and found that the medicines had been recorded upon receipt and the records were dated. The deputy manager told us that they conducted regular audits to identify any errors or gaps in administration. We looked at some audits and saw that no errors had occurred. Medicines were stored securely in the manager's office using a fixed storage cabinet. The safe storage facilities meant that people using the service could be assured that medicines that had been prescribed for them were handled appropriately. We saw that the provider had procedures regarding the management of medicines. These procedures included details about how medicines should be handled and administered so that the people who used the service would get their medicines when they needed them. We looked at the provider's training records and saw that staff had received training in medicine administration. These arrangements helped protect people from the risks associated with medicines mismanagement because the staff had been assessed as competent to administer medicines safely. The deputy manager informed us that each person would have their own medicines cupboard very soon in their bedrooms so they could have their medicines in the privacy of their own room instead of having them in the office.

Is the service effective?

Our findings

During our inspection we found that people were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard as some of the staff training was not up to date. One member of staff told us that they had not had any training since starting working at the home however, they had training at their previous employment. Therefore not all staff were receiving appropriate professional development. The deputy manager told us that some of the staff training was not up to date. We looked at the staff training matrix and noted that some mandatory training was not up to date. For example, fire awareness and health and safety training. The lack of appropriate training for staff could place people using the service at risk of inappropriate care. This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the back of this report.

Staff had training in Medication Awareness and Infection Control recently and further refresher training had been arranged for staff to attend. When we looked at staff files we were able to see evidence that staff had training from their previous place of work. The home had detailed induction procedures in place which followed the "Skills for Care" guidelines. The deputy manager informed us that new staff shadowed other staff, and were checked for their competency with different tasks before they were allowed to work on their own. We saw a copy of one staff induction record which confirmed this.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The service had proper policies and procedures in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff records we examined indicated that staff had received Mental Capacity Act (2005) and DoLS training and they demonstrated a good understanding about how to maintain people's safety whilst promoting their independence. It was also evident from discussions with the deputy manager that they understood when a DoLS application should be made, and how to submit one. They told us the GP would be informed along with other health professionals. Where required a 'best interest'

assessment would be undertaken to ensure the person was cared for safely. We saw that assessments of people's capacity to make decisions were completed and that assessments about specific decisions were completed where necessary. This meant people and their representatives were involved in making decisions about their care and treatment. Before people received any care or treatment they were asked for their consent, and the provider acted in accordance with their wishes.

People were supported to be able to eat and drink sufficient amounts to meet their needs. The feedback we received from people about the quality of the food they were offered at the home was positive. One person told us "[The] food is very good", and another person said "you can choose what you like to eat." Staff demonstrated a good understanding and awareness of people's specific dietary needs. We saw staff sit down next to people and they were having their meal together. These interactions between staff and people using the service were relaxed. We saw that people were provided with a choice of suitable and nutritious food and drink. Staff asked people what they wanted to eat at mealtimes. People told us that they were allowed to vary from the menu if they wanted. A member of staff we spoke to told us that the menus were only a guide to help people plan their meals and shopping.

The provider worked closely with health and social care professionals to monitor the health of people. We saw that people were registered with local GPs and had access to other healthcare professionals, including dentists and opticians as required. Each care plan included notes which recorded when the person had visited other professionals, for example, their GP. The records we saw showed the date of the appointment and the outcome of the visit. On the day we visited one person was not feeling well and they told us that they were going to see their GP. The staff on duty were making arrangements for this to happen. This demonstrated staff monitored people's health and care needs and, where required, made referrals to health professionals. Where people's health had deteriorated we saw that appropriate action had been taken. People confirmed that if they ever felt unwell, the GP would be contacted. This meant that people received appropriate access to health professionals to maintain their health and well-being.

Is the service caring?

Our findings

Comments from people were positive, indicating that staff were kind and helpful in meeting their care needs and felt that they received care that respected their rights and dignity. One person told us, "They respect my privacy." Staff had a firm understanding of the principles of privacy and dignity. One staff member told us, "When assisting with personal care, I make sure the door is closed." We saw staff treated people with kindness and compassion. Staff called people by their preferred name and had clearly built rapport with people. We saw people were dressed in accordance to their individual lifestyle choice and were well groomed. Staff we met demonstrated a sound understanding of the people who lived at the home. One staff told us, "We make sure people receive the care they need." We saw staff responded appropriately to people's needs and provided support when required. We saw staff knocked on bedroom doors and waited for permission before they entered. We also saw that bedroom doors could be locked which ensured people's privacy.

We saw that people had a plan of care in place and those were discussed and agreed where possible by the people using the service or their representatives. We talked with a person's representative who said that the staff were very

reliable about contacting them about any changes in the person's needs, and the best way to address these. They said that they were invited to attend for care plan reviews at regular intervals.

People were able to express their views and were involved in making decisions about their care and treatment. They told us that they received the help they needed and were encouraged to do things for themselves. One person spoken with expressed how happy they were living at the service and the opportunities they had to arrange things that they wanted to do. We saw staff were always seen taking their time to actively listen and find out exactly what people who used the service wanted.

People were supported in promoting their independence and community involvement. People were encouraged to participate in community activities such as going to clubs and horse riding. Staff we met told us they believed the service was particularly good at helping the people to maintain and develop their independent living skills. The deputy manager told us that people who used the service were actively encouraged and supported as far as they were willing and capable of doing so to clean their own bedrooms, do their laundry, make their meals, and travel independently. When we looked at peoples' records we saw that one person made their own breakfast every day and another person baked once every week.

Is the service responsive?

Our findings

We viewed two people's care plans, and found that they gave sufficient instructions for staff to deliver the care each person needed. We saw there was an overview assessment which was quick and easy for care staff to follow. This included all aspects of care such as the person's mobility, their nutritional needs, personal hygiene care, medication and social lifestyle. We saw that the staff obtained as much information from people and their relatives/friends as possible, so as to understand their previous lifestyles, interests and daily routines. This enabled staff to know how to reassure people, and how to distract people if they were upset, confused or becoming aggressive. We saw that staff were very patient with people who were asking the same questions very frequently (for example, "What time I am going out?"), and gave them sensible, truthful and helpful answers.

Care plans were devised and developed to meet individual health and social care needs. Information was readily available on the person's likes/dislikes, and how they preferred to be supported. We saw evidence that care plans were reviewed and audited regularly. This was to ensure they were meeting the needs of the people who used the service. A member of staff told us "we have good care plans which are updated as and when needed to ensure they meet the person's needs".

There was a variety of activities for people to join in with during the week, for example going to the gym and horse riding. We found that people were able to attend activities

and social engagements of their choice. We also saw that the provider offered a good range of activities to people and they included trips to the seaside and supporting people to organise summer holidays. We noted that people's activity needs were discussed regularly and this allowed people the option of considering and being supported to arrange new activities. People were able to go out with relatives or friends on a risk-assessed basis, and some of them attended clubs on a regular basis. On the day of our visit one person was going to an evening club. They told us "I like going to the club." People who used this service told us they were able to make choices with regard to their daily lives such as what they would like to wear or to eat or whether they would like to join in any activities.

We spoke with people who lived at the service and asked them whether or not they felt staff listened to their concerns and complaints. The feedback we received was very positive. People told us that they would speak with staff if they were unhappy about their care or if they had any concerns. Informal concerns raised by people were addressed through discussion with staff on a day to day basis. The home took account of complaints and comments to improve the service. We saw that the home had a complaints policy in place. This detailed the timescales for responding to any complaints and details of who to complain to if a person was not satisfied with the initial response from the service. Staff we spoke with were aware of their responsibilities in the event of a complaint. One relative told us "staff are always helpful, my relative is happy and content."

Is the service well-led?

Our findings

People and relatives who we spoke with told us that the management staff were approachable and they could ask any questions at any time. One relative said "I can ask any staff any time about any concerns, and know that they will be dealt with. People who used the service and their representatives and staff were asked for their views about their care and treatment and they were acted on. One person said "the staff listen to what you have to say". One relative told us "I am confident that if I did have to raise any concern it will be taken seriously."

Staff who we spoke with told us the manager was approachable and they could discuss any concern/issue they had with them and knew it would be dealt with promptly. One staff told us, "The manager is approachable and you can talk to them if you need any support or help." This meant that staff felt confident that they would be listened to and that any concerns they had would be taken seriously. One member of staff mentioned to us that they were being supported by the manager to complete a National Vocational Qualification at level 5. Feedback that we received from people and their representatives indicated that the manager operated an open culture that allowed people to express their views and concerns in a safe and understanding environment.

We saw results of a recent quality questionnaires for the people who used the service and their representatives

which showed they were happy with the service they received from the home. Comments included "staff are very helpful" and "I feel safe here." This showed people who used the service and their representatives were asked for their views about the care they received. Meetings were held on a regular basis for the people who used the service and for staff. We saw evidence of meeting minutes which documented what had been discussed and any follow up action needed from the feedback received. On the day of the inspection we saw that a senior team meeting had been planned to take place the following day. The deputy manager told us they undertook regular audits of the home to monitor the quality of the service they provided. We saw this included regular care plan reviews, medicines stock/ administration and health and safety checks audits. We saw that where any issues had been found during these audits, an action plan was put in place which stated what the home needed to do to improve. This meant people could be confident the quality of the service was being assessed and monitored.

We looked at people's personal records including medical records and saw they were accurate and fit for purpose. Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept locked when not in use. This meant the records were accessible to staff only and information was kept confidential.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>The lack of appropriate training for staff could place people using the service at risk of inappropriate care.</p> <p>Regulation 23 (1) (a) and (b).</p>