

Mrs Jacqueline Lorraine Bailey

Airthrie Homes - 56 Airthrie Road

Inspection report

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25 July 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 25 July 2017 and was announced. The provider was given one hour notice because the location is a small care home for younger adults who are often out during the day; we needed to be sure that members of the management team were available to assist us with the inspection.

At the last inspection on 22 and 24 November 2016, we found the provider was in breach of regulations in a number of areas such as people were not always protected from being cared for by suitable staff because the provider's recruitment processes were not always followed. We also noted staff were not regularly trained and people did not always receive their medicines as the prescriber intended. There were no records of medicines being received in the service and we noted gaps in the medicine administration records.

People who used the service, staff and visitors were not protected from the risk of harm as the provider did not always adhere to health and safety regulations. There were delays in dealing with maintenance issues which had been identified during daily checks carried out by staff.

Notifications of events affecting people and the operation of the service were not always made to us when required. The provider had systems in place to check and monitor the quality of the service provided, however, there was no formal mechanism in place for people and their representatives to express their views about the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. We carried out this focused inspection to check if they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those breaches. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Airthrie Homes - 56 Airthrie Road on our website at www.cqc.org.uk.

Airthrie Homes - 56 Airthrie Road provide accommodation and support with personal care for up to four adults with learning disabilities.

There is no registered manager in place as the registered provider is in day to day charge of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we found the registered provider had taken sufficient actions to address all the concerns identified at the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. There were systems were in place to ensure medicines were stored and administered safely by staff.

Is the service effective?

Good ●

The service was effective. Staff received regular training and this helped them to meet people's care needs and to carry out their roles.

Is the service well-led?

Good ●

The service was well led. There were systems in place to gain the views of people and their relatives about the service.

The provider sent the required notifications to us within the required timescale.

Airthrie Homes - 56 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 25 July 2017 and was announced. It was carried out by one inspector.

Before our visit, we looked at the information we had received about the service and the information sent to us by the provider on how they planned to meet the breaches identified at our last inspection.

During the inspection, we looked at five staff training records, two staff recruitment folders, satisfaction questionnaires, health and safety audits and medicine administration records. We also had a tour of the service to check on fire doors and repairs carried out since our last visit.

We spoke with the provider and the monitoring officer who managed the service when the registered provider was away.

Is the service safe?

Our findings

At our last inspection, we found that medicine management was not safe. There were no records when medicines were received in the service. There were some gaps on the Medicine Administration Record (MAR) sheets where staff had not signed to indicate if the person had or had not taken their medicines. We also noted one instance where medicines (pain killers) were prescribed to be given four times a day and the staff were administering them only three times a day. This left the person at risk of experiencing more pain than necessary.

During this visit, we found medicines were stored securely and administered safely. The MAR sheets were completed fully, with no unexplained gaps. People's medicines were managed safely and people received their medicines as prescribed by their GPs. Where people were prescribed 'as required' medicines, there was guidance in place when to administer those medicines.

We saw that staff checked and recorded the temperature of the medicine cupboard on a daily basis to ensure medicines were kept at the recommended temperature. There were also records of when medicines had been received in the service and when they were returned to the pharmacy for disposal.

We previously identified a shortfall in the recruitment process of staff to the service. During this visit, we looked at staff personnel files and saw all the necessary checks had been carried out. The provider carried out appropriate checks before staff started working at the service. This included obtaining references, checking staff identification and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable staff from being employed. There was a checklist in each folder to indicate when those checks had been carried out, for example, when request for references were sent to previous employers.

We found the provider had taken steps to ensure that repairs were carried out quickly once identified. The concerns we identified at our last visit had been rectified. For example, the water leak in one of the bathrooms on the first floor had been resolved. A new toilet roll holder in one of the toilets had been installed. A very rusty radiator in a person's bedroom had been painted and the shower heads had been fixed.

The provider had reminded staff of their responsibilities to adhere to fire regulations and not to wedge fire doors open. This helped to ensure people's safety in the event of a fire.

Is the service effective?

Our findings

At our last inspection, we found staff were not always supported with effective training. Staff told us and records showed that some training had been ongoing, however, not all staff were up to date with their training. Records showed some staff had not received training such as fire safety training, moving and handling, food and hygiene and mental health awareness. Staff had not received sufficient training to carry out their roles effectively which left people at risk of receiving care that did not meet their needs or was unsafe.

During this inspection, we found people were supported staff who received regular training. Staff had access to training to support them to meet people's needs and to deliver effective care. They had completed training in a number of areas such as fire safety, first aid, food hygiene and medicine training. This helped to ensure people were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs.

The provider ensured staff were up to date with their training and arranged refresher training when needed. Staff were supported by having regular one to one meetings with their line manager where their training needs were discussed.

Is the service well-led?

Our findings

During the last inspection, we found that the provider had failed to notify the Care Quality Commission of notifiable incidents which had taken place at the service. They did not notify us of a safeguarding alert raised by the local authority. We discussed this with the provider who stated they had to deal with some family matters and were unable to send us the notification. However, we reminded them they had other staff who deputised during their absence and they could have sent the notification to us. Since the last inspection, we had received notifications from the provider about certain changes, events and incidents that affect their service or the people who use it as required under our regulations.

At our last inspection, we found that the provider did not have formal system of asking people, their representatives and other healthcare professionals for their feedback about the service. No satisfaction surveys had been sent recently to anyone involved with the service. The provider said they would put a formal process in place to regularly assess and monitor the quality of the service people received. During this visit, we saw satisfaction surveys were sent and completed every three to four months. We looked at some of the completed surveys and found people and their relatives were happy with the service they received. This showed that the provider sought out the views of people, their relatives, health professionals and staff and implemented changes where necessary to accommodate them.