

Mrs Jacqueline Lorraine Bailey

Airthrie Homes - 58 Airthrie Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 03 May 2017 and was announced. The provider was given one and a half hours' notice because the service is a small care home for young adults who are often out during the day and we needed to be sure that members of the management team were available to talk to.

There was 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.

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. At the time of our visit, four people were using the service.

At our last inspection in September 2015 we found the service was meeting the regulations we looked at and we did not identify any concerns about the care and support people who lived at Airthrie Homes - 58 Airthrie Road received.

During this inspection, however, we found that people were not always cared for in a safe environment. For example, they were at risk of drinking contaminated water and their safety could be compromised in the event of a fire as two fire doors were not closing fully against the frames of the doors.

Although systems were in place for staff to identify hazards, none of the concerns we found during our visit were identified. This meant the provider was failing to identify and mitigate risks to the health and safety of people who used the service.

People were supported in a way which met their needs and reflected their preferences. They were able to access the community, for social and leisure activities.

People were treated with dignity and respect and had their choices acted upon. Staff were aware of how to keep people safe and had undertaken safeguarding training.

Care plans were personalised and reflected the wishes and preferences of people. People had access to healthcare professionals when needed. Their health needs were monitored. Any risks were assessed and plans put in place to ensure people's safety.

People were supported to make decisions. If they lacked capacity to make certain decisions, staff were aware of the process to follow in line with the Mental Capacity Act 2005. Staff had detailed knowledge about the people they were supporting such as their likes and dislikes. People were involved in their care.

Staff supported people to maintain a balanced diet. People were offered enough to eat and were able to make choices about what they ate.

Staff received regular supervision and undertook a range of relevant training. They had a good rapport with people. Staff interacted well with people living at the service. People were supported to be independent.

There was a range of quality assurance processes and audits carried out at the service although health and safety audits needed improving.

The provider undertook appropriate checks when staff were recruited. There were sufficient staff on duty to meet people's care needs.

Relatives were aware of how they could complain if they unhappy about any aspects of the care and support of their family members.

The provider was aware of their responsibility to notify us of any notifiable incidents in the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. We found that although the provider had a system in place to ensure the environment was safe, hazards were not being identified which could potentially put people, visitors and staff at risk.

There were enough staff on duty to ensure people's care needs were met. Appropriate checks had been undertaken when staff were recruited to ensure they were suitable to work with people who used the service.

Medicines were administered safely. People received their medicines as prescribed.

There were procedures in place to protect people from abuse. Staff were knowledgeable on how to raise concerns about possible abuse.

Staff had assessed potential risks to people's health and welfare and there was guidance in place on how to manage them.

Requires Improvement 

Is the service effective?

The service was effective. Staff were trained in areas which were relevant to the needs of the people living at the service and were supported by having regular meetings where they could discuss their work with their line manager.

People were supported to maintain a balanced diet and were offered choices about what they wanted to eat and drink.

People's health was monitored and their health care needs were met.

Staff sought consent from people in line with the principles of the MCA before providing support.

Good 

Is the service caring?

The service was caring. We saw positive interaction between people and staff.

Good 

People had their privacy respected and staff ensured people's dignity was maintained.

People were involved in the planning of their care and support.

Relative and visitors were welcomed at the service and people were encouraged to be socially active.

Is the service responsive?

Good ●

The service was responsive. People were supported in a way which met their needs and reflected their preferences. Care plans were reviewed regularly.

People were able to access the community, for social and leisure activities.

The provider had a process for managing complaints. Relatives knew how to complain if they were not happy.

Is the service well-led?

Requires Improvement ●

The service was not always well led. Certain areas regarding the management of the service needed improving because the provider did not carry out thorough health and safety checks of the premises.

Relatives and staff were happy with the way the service was managed. Staff felt supported and said they could discuss anything with the provider. Relatives mentioned the provider and staff were approachable.

People who used the service and their relatives were asked about the quality of the service provided.

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 3 May 2017 and was announced. It was carried out by one inspector.

Prior to our visit, we looked at any information we had received about the service and any information sent to us by the provider since the last inspection. We also contacted the Local Authority commissioning team for their feedback on the service.

During the inspection, we met with all four people who lived there. Two were not able to give us feedback about how they felt about the service because of their disabilities, one person did not want to talk to us and another was not feeling well so we decided to let them have a rest. We looked at the communal areas and had a tour of the service including people's bedrooms. The provider had asked for people's permission for us to see their bedrooms.

We observed the interaction between staff and people who used the service. We looked at two care plans, two records of staff recruitment, staff training records, and other records the provider used for monitoring and managing the service. We also looked at how medicines were managed and stored.

We spoke with two members of the care staff, the provider and the monitoring officer who manages the service when the registered provider was away.

After the inspection, we spoke with two relatives over the phone to obtain their views on the service.

Is the service safe?

Our findings

Relatives felt their family members were safe living at the service. One relative told us, "Yes, it is definitely a safe home, otherwise [person] would not live there." Another relative commented, "I am happy with the home, [person] is safe, I don't have any worry."

The provider had arrangements in place for checking the environment to ensure it was safe, such as health and safety audits, which were completed on a regular basis. However, we noted the system was not working effectively as during our visit two fire doors were not closing fully against the frame. This could compromise the safety of people if the event of a fire. We discussed our concerns with the provider who informed us that they would remind staff of the importance of identifying and reporting health and safety concerns.

We also found the shower heads in all the bathrooms could drop below the water level when the baths were in use. This could create a backflow (an unwanted flow of water in the reverse direction) and could be a serious health risk for the contamination of drinking water, which people and staff consumed. The concern was identified in another service managed by the same provider.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a fire risk assessment had been carried out recently by an external company. The provider had completed all the works that were recommended. For example, they had replaced some emergency lights and installed some new smoke and carbon monoxide detectors. These ensured the provider had systems and alerts in place in the event of a fire or a gas leak.

People were supported to take everyday risks. Risks to people were recognised and assessed and guidance was available to staff to inform them how to manage them. For example, where people needed support with eating if they were at risk of choking. There was detailed guidance in place for staff to follow to ensure people were safe when they were eating. This helped to ensure people were cared for and supported in a way to promote their safety as far as possible.

The provider had systems in place for staff to recognise and respond to any allegation of abuse and this helped to ensure people were safe. Staff knew how to recognise signs of possible abuse and had received training in safeguarding. They were able to tell us the action they would take if they identified potential abuse had taken place. Information on who to contact in this situation was made available to them. The staff understood the process for reporting concerns and escalating them to external agencies if needed and understood their roles to protect people. One member of staff said, "If I see any abuse, I will report it to the manager and if they are not available, I will contact the safeguarding team."

The provider had reported concerns about the safety of people to the local authority safeguarding team to investigate. They had assisted with past investigations by providing information that had been requested by the safeguarding team as well as attending strategy meetings to discuss the concerns.

The provider had a medicine policy and procedures in place. We noted staff who administered medicines had received medicine training to make sure they had the skills and knowledge to administer medicines safely to people.

Medicines were stored safely in a locked cupboard when not in use. However, on the day of our visit, we found that the thermometer was reading 24.4 Celsius where the medicines were kept. It was not a warm day, but the central heating was on. Some medicines need to be stored under certain conditions, such as below 25 Celsius, to ensure their therapeutic effect is maintained. If they are not stored at the correct temperature they may not work as intended. We discussed this with the provider who stated they would consider moving the medicine cupboard to a cooler area within the service to ensure the medicines were safe to use.

The monitoring officer carried out regular audits of medicines and if any issue was identified, they took the appropriate action to address them. Medicine administration records were accurate and fully completed. Staff were aware of the support people needed with the administration of their medicines. This helped to ensure consistency when people were receiving their medicines, for example, if the person liked a cold or hot drink when taking their medicines.

Relatives felt that there were enough staff to support their loved ones. One relative said that the staff were 'excellent'. Another said, "The staff are very good. [Person] has a very good relationship with them." However, one relative said that the staff changed too often and they would like the staff to stay longer in their jobs. They went on to say that they were happy with the current staff working in the service. Staff also commented there were enough of them available on each shift to support people. There would be more staff on duty for example, if people needed to attend appointments or social events. The provider informed us they did not use any agency staff and the current staff would cover sickness or staff holidays. Records indicated this was the case. Staff told us they enjoyed working for the provider and worked as a team. They helped each other to ensure people received the care and support they needed.

We looked at staff recruitment records and found the provider had carried out relevant checks on staff suitability to work with people who used the service. They had checked if staff had any criminal records and had received references from previous employers. They had also checked the staff identity and eligibility to work in the United Kingdom. This helped to ensure people were kept safe and only suitable staff were employed to work with people living at the service.

Is the service effective?

Our findings

People were supported by staff who received appropriate training and supervision. Relatives told us staff supported their family members appropriately and met their needs. One relative said, "The staff are very good with [person], they know what they are doing." From our discussions staff showed they had good knowledge about the people they were supporting and were able to describe their needs to us.

We looked at the training and support in place for staff. The provider had a training programme in place for all staff to complete. We looked at the training records and found the staff had undertaken a range of relevant training, including health and safety, first aid, fire safety, food hygiene, safeguarding and medicine management. The provider also accessed training courses which were offered by the local authority. Staff were made aware of upcoming training so they could attend.

The provider kept a record of all training staff had attended and this helped to identify when they were due to have refresher training to update their knowledge.

Staff were supported to deliver effective care by means of supervision and appraisal of their work performance. They helped to identify any additional training requirements and/or development. We saw staff received regular formal supervision with their line manager. All supervisions that took place were recorded.

We looked to see if the provider was working within the legal framework of the Mental Capacity Act 2005 (MCA). The 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.

The staff were aware of the MCA and had received training in the subject. They explained how they supported people with decision making and what they would do if people were unable to decide for themselves. They told us if people were assessed as not having the capacity to make certain decision, then a best interest decision would be made involving relevant professionals. There were records to evidence the provider sought consent from people with regard to decisions about their care and support. For example, people had signed a consent form allowing staff to administer their medicines. The staff had a good knowledge and understanding of mental capacity and gaining consent from people before carrying out any task.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the process to follow to apply for DoLS authorisations to the local authority for assessment. Staff also had a good understanding of the Deprivation of Liberty Safeguarding (DoLS) and how it applied in practice.

People were supported to eat and drink enough to help keep them healthy. They were able to make choices about the food they ate and each person was able to choose their own individual meals. Although there were planned menus in place, these were used as a guide only. Relatives commented positively about the choice and quality of food available. One relative told us, "The food is good". Another relative said, "The food is very good, sometimes it is too much though but I am not complaining."

Some people needed support whilst eating as they were at risk of choking. For one person, we saw there was written guidelines in place from the speech and language therapist for staff to follow when the person was eating or drinking. For example, one of the recommendations was to ensure the person was seated upright during meal, and after meals for at least 20 minutes.

Staff were able to tell us about the preferences and dislikes of people. For example, one staff member said, "[person] does not like meat." They were aware the weight of some people needed monitoring. People had their weight checked on a monthly basis and any concerns were brought to the attention of senior staff for them to take appropriate action such as seeking advice from other professionals. During our inspection, we observed one person having their meal in the dining room and interactions between the staff and the person was positive. We noted the provider was awarded a five-star rating at the last environmental health kitchen inspection.

People's health needs were monitored and their changing needs responded to. We saw staff had involved health professionals when people's needs change. For example, the staff contacted the GP for one person as they were being sick and coughing. The GP prescribed some medicines as the person had a chest infection. One relative told us, "The staff are always very good when my family member is not well, they would call the doctor and would let me know afterwards what have been said or any treatment needed." Staff monitored people's health on a daily basis and responded appropriately when people became unwell. We saw people had regular consultations with healthcare professionals for example, with opticians, dentists, psychiatrists and GPs. All the visits were recorded and any recommendation was acted upon. Staff felt they could contact other professionals at any time when they needed guidance or advice about peoples' health care needs.

Is the service caring?

Our findings

Relatives told us that staff were caring and kind and their family members were comfortable around the staff. One relative said, "The staff are very caring and they know how to look after [person]." Another said, "The staff have a very good rapport with the residents. They are excellent."

We observed the atmosphere in the service was relaxed. We saw staff were caring and supporting people in an unhurried manner on the day of our visit. They sat with people and chatted with them.

We saw staff were patient when they were supporting people. They treated people with kindness and spoke to them in a polite way. Relatives told us that the staff were very caring and got on very well people they looked after.

People were supported by staff who knew their needs and preferences well. Staff had a good knowledge about people's likes and dislikes. They had taken the time to get to know people who used the service and things that were important to them. This helped to ensure people's individual needs and preferences were met.

People were encouraged to keep in touch with their relatives. One relative mentioned that their family member phoned them every day and staff supported them to do so. Visitors were welcome at the service at any time.

People and relatives were involved in planning and making decisions about their care. One relative told us that they were involved in the care planning process and were kept up to date with any changes. They said, "They [staff] always let me know what is happening." They felt the staff were very approachable and they could discuss anything with them.

From the care records we saw, we found there was detailed information about what was important to people regarding their care and support. This helped staff to meet people's needs accordingly. There was information about how staff should speak with people who did not communicate well verbally and how to support them.

At the time of our visit no one was using an advocate. An advocate is a trained professional who support, enable and empower people to ensure their needs are met. The provider had information available for people about advocacy if they wished to use one.

Staff respected people's privacy and dignity when supporting them. For example, staff mentioned they would knock on people's bedroom doors and wait for an answer before entering. They would also ensure the doors were closed and curtains drawn when providing personal care. People were supported to enhance their independence and staff enabled them to feel in control of their own lives as much as possible. Staff encouraged them to wash themselves if they were able to do so.

We saw people's information was stored securely in the service. Records were locked away when not in use. Staff had an individual password to log in and access the online care records system. This helped to ensure that information about people was kept confidential.

Is the service responsive?

Our findings

Each person had a care plan which contained information about their assessed needs and preferences. This provided staff with guidance on how to support and care for people living at the service. Care records also contained information such as people's likes and dislikes, mobility, communication, nutrition and medicine management.

Relatives told us they were involved in the care planning process and also during reviews. They said the staff had discussed their care and support of their family members with them.

Before a person moved into the service an assessment of needs was carried out. This ensured staff were aware of people's needs and how to meet them. We saw each care plan contained specific information to the person's individual needs. This helped to ensure staff were aware of people's individual health and care needs and how to meet them. For example, we saw in one care plan, staff were given clear instructions about how to provide support to a person who had difficulty with communication due to hearing and speech impairments.

We saw care plans were reviewed and kept up to date. This was done on a six-monthly basis or more often when the needs of the person had changed. For example, if a person had been diagnosed with a urine infection, this would be recorded and their care plan would be updated so staff were aware how to meet their needs until the person felt better.

People were able to make choices about their care and support. They were able to choose what to wear, how to spend their day, or if they wanted to join in any activities. On the day of our inspection we noted one person stating that they did not want to go bowling but instead wanted to go shopping. Their choice was respected by the staff working with them.

We looked at activities records which showed people being involved in a range of other activities and outings, including having meals out, bowling, attending disco club and going out shopping. On the day of our visit, most of the people using the service and the sister service were going out bowling. People went out on an individual basis or as a group. Each person had an activity programme detailing what daily activities they were involved in. There was a dedicated activity room in the back garden where people can go to do activities such as painting or yoga.

The provider had their own mini bus and this helped people to go out whenever they like as they did not have to wait for public transport. However, people were encouraged to use different modes of public transport to go out in the community or to visit their relatives.

The provider told us about plans to further develop the activities and social events within the service. They planned to get people involved more in gardening during the summer months. This was in response of feedback received from relatives.

Relatives felt they could speak with the provider or a member of the staff team if they were unhappy with the service. One relative said, "If I am not happy with something I will contact the manager [provider]. I am very happy with the home, the staff are caring and they do listen to what I have to say."

Staff encouraged people to discuss any concerns they might have either during regular meetings or on a one to one basis. They knew how to respond to any concerns or complaints if they arose and reported them immediately to the monitoring officer or provider. We saw the provider had a complaints procedure in place and this was made available to people and their relatives. The provider informed us there had not been any concern or complaint raised recently. They said people or their relatives could be assured their concerns or complaints would be responded to in a timely manner. A system was in place to record and monitor complaints. One relative, however fed back they would like to have relatives' meetings which had not happened for a long time.

Is the service well-led?

Our findings

Relatives and staff felt the service was managed well and the provider was approachable and listened to their views and acted on them. One relative said, "I can speak to [provider] whenever I need to, I have their mobile number." Another commented, "[Provider] is very good, it is a nice home. If it was not I would have already moved my family member to another home." Staff spoke positively about the provider and said they were very supportive and easy to talk to.

We saw staff had different responsibilities on top of their caring duties. They undertook a number of audits on a daily, weekly or monthly basis, such as checking medicine administration records and stock of medicines and checking the health and safety of the environment. They also carried out regular tests of firefighting equipment and fire doors. However, the provider's auditing systems failed to identify the shortfalls regarding the health and safety of people, staff and visitors to the service, in particular, the two fire doors which were not closing properly. None of the staff or the management team had noticed the doors not closing fully. We also identified a rug which was in the lounge with one of its corners not lying flat on the carpet and this was a trip hazard. The rug was removed immediately. Again nobody in the staff or management team had identified this and the lounge was used on a daily basis.

The provider had overall responsibility to ensure the service was safe and had failed in their duties. When we discussed our findings with them, they said they were not aware of the shortfalls. However, they said they would take action to ensure our concerns were dealt with promptly.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was aware of their responsibility to notify us of any notifiable incidents in the service. For example, we were notified recently of an incident which affected the running of the service. They had also previously informed us of safeguarding concerns where people could have been at risk, thus affecting their health and welfare.

The provider visited the service on a regular basis to monitor the service and also to check if staff were providing good care and support to people. This also gave people and staff the opportunity to discuss any issues they might have.

There were systems in place to monitor the quality of the service provided. People who used the service and their relatives were asked to provide feedback about the quality of the service they received. We looked at the most recent survey completed and there were no negative comments about the service.

The provider informed us that they were in the process of further improving and developing the service and had sought advice from an external consultant. They planned to make alterations to the building too, so there was more storage space for paper records.

There were regular meetings for staff. During those meetings, staff were able to discuss their work and any practice issues and also to share ideas. We saw that the provider had reminded staff of the importance of safe medicine management during one of the meetings. This was because we had identified concerns at the sister service during our last inspection there. Staff were kept informed about any changes with the service.

Staff had access to a range of policies and procedures governing how the service needed to be run. Any changes in policies and procedures were brought to the attention of staff during handovers or during staff meetings. The provider ensured staff were conversant with some of the important policies and procedures such as safeguarding, management of medicine and fire safety.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure the health risk for the contamination of drinking water which people and staff consumed.</p> <p>Regulation 15 (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>Regulation 17(2)(b)</p>