

Mrs Jacqueline Lorraine Bailey

# Airthrie Homes - 58 Airthrie Road

## Inspection report

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25 July 2017

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

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 service 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 talk to.

At the last inspection on 3 May 2017 we found people were not always cared for in a safe environment. 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. Certain areas regarding the management of the service also needed improving because the provider did not carry out thorough health and safety checks of the premises.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches in safety regulations. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Airthrie Homes - 58 Airthrie Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Airthrie Homes - 58 Airthrie Road provides 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 action to address the health and safety concerns we identified at the last inspection. The staff carried out more thorough audits by ensuring all sections were completed fully and any concerns identified were acted upon.

## 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. The provider had a system in place to ensure the environment was safe for people, staff and visitors to the service.

### Is the service well-led?

Good ●

The service was well led. The provider undertook a range of audits to ensure ongoing improvement of the service.

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## **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 improve the service following the breaches identified at our last inspection.

During the inspection, we looked at records regarding fire safety and audits which staff had completed. We also had a tour of the service to check on fire doors and shower heads in the bathrooms.

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 people were not always cared for in a safe environment as 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.

During this visit, we saw the provider had replaced a number of fire doors and also replaced all the door closures mechanism to ensure the doors were closing properly. We also noted that daily checks were carried out on all fire doors to ensure they opened and closed correctly. Where concerns were identified, they were acted upon promptly.

Each person who used the service had a Personal Emergency Evacuation plan (PEEP). This helped to ensure staff were aware of each person's ability to evacuate the service in the event of a fire. The provider also carried out weekly fire tests and regular fire drills.

Staff had attended training on fire safety and were aware of the procedures to follow in the event of a fire. There were clear instructions for them to follow. This helped to ensure people were safe in the event of a fire emergency.

The provider had installed devices to stop the shower heads in all the bathrooms drop below the water level when the baths or showers were in use. This helped to prevent a backflow (an unwanted flow of water in the reverse direction) which could be a serious health risk to people and staff as drinking water could become contaminated.

## Is the service well-led?

### Our findings

At our last inspection, we saw staff undertook a number of audits on a daily, weekly or monthly basis, such as checking medicine administration records, stock levels of medicines and checking the health and safety of the environment. 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.

During this visit, we noted a more comprehensive audit system was in place and staff had been reminded of their responsibilities in these areas. We saw checks and audits were completed fully and any identified concerns were noted and dealt with quickly. For example, we saw action was taken when one door was not closing properly.

The provider ensured staff followed policies and procedures and this helped with the smooth running of the service.