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Airthrie Homes - 56 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 18 November 2015 and was announced. The provider was given 24 hours' 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 someone would be in. At our last inspection in July 2014 we found the provider was meeting the regulations we inspected.

Airthrie Homes - 56 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.

There were not always sufficient numbers of staff to meet people's needs and keep them safe. Staff were given training and support they needed to help them look after people appropriately. However there was a lack of regular supervision and appraisals for staff.

Control of Substances Hazardous to Health (COSHH) cleaning materials were not kept locked.

Staff recruitment procedures were robust to ensure staff were suitable for their positions and staff were knowledgeable about how they could identify and report preventable abuse.

People were appropriately supported to take their medicines and secure storage arrangements were in place to hold people's medicines.

People were treated with kindness and compassion and their privacy was respected. Staff supported people to be independent and they were involved in activities both inside and outside the service.

People had access to a range of health professionals and staff supported them to attend health appointments when necessary.

People and their representatives were involved in decisions relating to the care and support being provided. Care was planned and delivered based on people's preferences and regularly reviewed with people. Individual risks to people had been assessed and recorded in their care plans.

There were systems in place to enable people living at the service, staff and other professionals to comment on the service provided.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement ●

The service was not always safe.

There was not always sufficient numbers of staff to meet the needs of people in the service.

People were protected from abuse and avoidable harm because the provider had effective systems in place.

Risks had been assessed and identified and staff adhered to these for the management of risks to people's safety.

There were appropriate arrangements in place to manage people medicines.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received training; however the processes for staff supervision and annual appraisals were not always effective.

People were supported with their decision making regarding their care and support which was in their best interests.

People were supported to eat and drink sufficient amounts to meet their needs and had regular access to health and social care professionals.

Is the service caring?

Good ●

The service was caring.

Staff knew people's preferences, abilities and skills and were kind and caring in their approach and had a good rapport with people.

Staff were able to explain and gave examples of how they maintained people's dignity, privacy and independence.

People were able to make choices and were involved in making decisions such as activities, meals, clothing and care planning.

Is the service responsive?

Good 

The service was responsive.

People were supported so their care needs were met, and they were involved in the reviews of their care where possible.

People were supported to take part in a wide variety of their preferred social activities and interests.

People and their relatives were confident that their concerns would be listened to and acted upon.

Is the service well-led?

Good 

The service was well-led.

People and their relatives felt the service was well managed. There were good systems in place for communication, both between staff, and between staff and the management of the service.

There were regular staff and residents' meetings held and this gave them the opportunity to give their opinions on the service.

The service had mechanisms in place which allowed people who used the service and their relatives to provide feedback on the service provision.

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 was an announced inspection carried out on 18 November 2015 by one adult social care inspector. The provider was given 24 hours' notice because the care service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

Before our inspection we reviewed the information we held about the service which included statutory notifications and information we had received from other professionals for example the local safeguarding team. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During our inspection we observed the care and support provided by staff to help us understand the experience of people who lived at the service. We also looked at two care records, including people's risk assessments, and records relating to the management of the service such as staff training records, staff duty rosters, minutes of meetings, health and safety certificates and documents in relation to the monitoring of the service.

We spoke with two people who used the service, two members of staff and the registered provider who managed the service on a day to day basis. After the inspection we contacted two relatives to obtain their views of the service and also to the local safeguarding team.

Is the service safe?

Our findings

People told us they had no concerns about the way they were treated and that they felt safe at the service. One person said, "Yes I do feel safe here". A relative also told, "My relative is safe living there."

During our visit we looked at the staff rota for the last two weeks and were concerned there was only one staff member on duty at all times especially during day time. There were three people using the service at the time of our inspection. We raised our concerns with the registered provider who agreed with us that more staff were needed in the service. They advised they were already in contact with the placing authorities regarding increasing the funding of people so that they could employ more staff. In the meantime we found there was not enough staff on duty to assist people. For example if the staff on duty was providing personal care to one of the people and the door was closed, it would be difficult to hear the other people calling for help or they might have to wait a long time for the staff to attend to them.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were thorough recruitment procedures in place to ensure staff were suitable for their role. Staff's backgrounds had been checked for criminal records and satisfactory employment and character references were obtained before they started work at the service. We looked at two staff personnel files and were able to see that appropriate checks were carried out before staff began work. We saw that Disclosure and Barring Service (DBS) checks had been carried out to check that staff had no criminal convictions that would stop them from working in a care service. This meant that an effective recruitment process was in place to help keep people safe.

The registered provider carried out checks on all aspects of fire equipment including extinguishers, alarms and detectors. There was a fire risk assessment for the service which had been checked by the London Fire and Emergency Planning Authority (LFEPA). They had visited the service recently and had made some recommendations which the registered provider was working towards. Servicing certificates relating to health and safety were up to date, these included portable appliance testing and fire safety. However we noted that Control of Substances Hazardous to Health (COSHH) cleaning materials were not kept locked. The registered provider was reminded on their responsibilities to ensure that the COSHH products were kept locked when not in use. We were contacted by the registered provider the following day of our inspection to inform us that appropriate lock had been installed on the cupboard where COSHH products were kept.

Staff were knowledgeable about their safeguarding responsibilities and were able to explain how they kept people safe from harm. Staff we spoke with knew what constituted abuse and what to do if they suspected a person had been abused. There were policies and procedures for safeguarding people. The local authority safeguarding contact numbers were displayed in the office and in the hallway for staff and people to refer to. We found that relevant safeguarding notifications had been made to the local authority. Staff confirmed and we saw they had received training and were able to describe the local safeguarding protocols and felt able to follow them.

The service had a whistleblowing policy and encouraged staff to raise concerns in the confidence that they would deal with them in an open and professional manner. Whistleblowing is when a worker reports wrongdoing at work to their employer or someone in authority in the public interests.

People were supported to take risks through the effective use of risk assessments. From the care plans we sampled we saw there was a comprehensive set of risk assessments which identified risks that people may face and the support they should receive from staff to prevent those risks. For example, we saw risk assessments relating to people going out in the community. Staff we spoke with knew the individual risks associated with each person and how to manage them to keep people safe. There was clear guidance in place for staff to follow.

We noted that records were kept of accidents and incidents. Staff were clear on how to manage accidents and incidents. There was a process to review incidents to ensure that people remained as safe as possible and where necessary, measures were put in place to avoid recurrence. This showed the registered provider was proactive in promoting people's safety and welfare.

The registered provider had suitable arrangements in place to protect people against the risks associated with the unsafe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medicines. People told us they received their medicines on time and staff were knowledgeable about how they liked to take them. People's medicines were administered safely and were kept in a locked cabinet within a locked room. We saw staff had received training in the administration of medicines and they had access to a comprehensive medicines policies and procedures. We sampled the medicine administration records and they were all up to date. There were no staff signature omissions on the medicine administration records charts we reviewed, indicating people had received their medicines as prescribed.

Is the service effective?

Our findings

People we spoke with told us that staff were "very good" and "helpful." A relative we spoke with told us, "The staff are very good."

However, we found that staff were not appropriately supported through supervision and annual appraisals. Staff had not been having regular supervision sessions and there was no evidence of appraisals. We looked at three staff files and saw only one supervision record in two of them dated 19 November 2014 and 4 June 2015 respectively and in the other there was none. This meant that the registered provider was not regularly assessing and monitoring the staff's ability to meet people's needs.

This was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received regular training and support to be effective in their role. There was an effective system to assess and monitor the staff's skills and understanding. We looked at the staff training matrix which showed staff had completed training they required for their role. This included moving and handling, safeguarding adults, fire safety awareness and food handling hygiene. Certificates were available to evidence the training staff had received. Staff told us the training they received provided them with the skills to carry out their roles and responsibilities. One member of staff said, "The training is good and help me with the work I have to do." This meant people living at the service could be assured that staff caring for them had up to date skills they required for their role. Staff also told us they could ask for further training if they needed it.

We saw that newly recruited staff received a suitable induction that prepared them for their role. They were given full information to guide them about how people using the service liked to live, be treated and communicated with. The induction process included a period of shadowing more experienced staff prior to working alone. Staff told us they felt the induction was good and helped them to understand the needs of people living at the service.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People told us that staff would ensure that they were consulted about their care. One member of staff said, "I will not force the client to do something they don't want to do. I always ask people what they would like to do before doing anything." Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). However the staff on duty during the inspection had limited knowledge about the Deprivation of Liberty Safeguards (DoLS). They were not aware of the procedure to follow to make an application to restrict people's liberty, only the registered provider was aware of the process. We noted that all staff were attending training in DoLS next month. 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. When people needed support to make

specific decisions, we saw that 'best interests' meetings were held which involved all the relevant people and representatives in the person's life.

People told us the food was nice and they were given a good choice of food and drink. One person said, "The food is good." We saw the menu in the kitchen on the wall, and there was a choice of hot and cold food. People with nutritional concerns had their food and fluid intakes monitored and plans were in place to ensure people were supported to have sufficient amounts of food and fluids. For example when one person was not well for a period of time, staff cooked soft meals for them to eat. Staff were aware of people's likes and dislikes of food and if they had any preferences or needed a specialist diet. This ensured people's individual diet needs were met and they received meals that suited their preferences. Staff told us that they encouraged people to eat as healthy as possible but ultimately it was people's choice.

People were supported to access health and medical support if they needed it. From the records we sampled we saw the service worked well with other professionals and the local community to ensure people received the correct levels of support were at all times. We saw people were seen by appropriate professionals to meet their needs for example optician, dentist, GP's and psychiatrist. This demonstrated the staff were involving outside professionals to make sure people's needs were met.

Is the service caring?

Our findings

People told us they were happy at the service. One person told us, "Yes I'm happy, it's good here". Relatives told us the staff were caring, friendly and approachable and they were happy with the care and support being provided to their family member.

Staff knew people well and there was a relaxed and happy atmosphere within the service. People received their care and support from staff that were kind, friendly and respectful and the interactions we observed were positive. We saw that staff approached people in a way which showed they knew the person well and knew how best to assist them.

People were encouraged to personalise their rooms. We saw people had items around them which had meaning to them like photographs and other personal belongings that were important to them and reflected their interests.

People were able to spend time in their bedroom and there were choices of communal areas. One person liked to spend time in their room as they preferred their own company. Staff respected this however staff also encouraged this person to socialise on occasions in the communal areas. One person told us, "The staff always respect the choices I make."

We saw people were appropriately dressed and groomed and they were treated with dignity and respect. People told us that their privacy and dignity was respected. One person said, "The staff are good and they are respectful." It was clear from our observations people who used the service responded positively to staff. We saw staff addressed people by their preferred name. Staff we spoke with were aware of the importance of respecting people's dignity and privacy. People were given explanations by staff before care and support was delivered. Staff described the action they took to ensure people's privacy and dignity was protected during care tasks. These included keeping curtains drawn and closing doors when people were provided personal care.

People were encouraged to be as independent as they were able to be. One person told us, "I like my independence." Staff knew what people were able to do for themselves and supported them to remain independent. People were encouraged to clean their rooms and helped with preparing their meals where they were able to do so.

From the care plans we sampled we saw people had been consulted about the care they received. Where able to people had signed their own care plans as they had been involved in their own planning meetings. Staff were able to describe people's needs and were knowledgeable about people's preferences and respected their wishes. This showed us that people using the service had a sense that their needs were important and respected.

People's confidential information was kept securely and only available to people who were required to see it. Some of the information was kept on a computer and staff could only access it by a password.

Is the service responsive?

Our findings

We saw people's needs were assessed and plans of care were developed to meet those needs giving specific information detailed about how best to support the person. The care plans covered different aspect of the person's life, for example personal care, mobility and mental health needs. The care plans were personalised and included how people liked to spend their time and information about people's past and current lives, their family and friends and their interests and hobbies. This helped to ensure staff were able to identify the person's needs and prepare appropriate plans to meet these. People and/or their relatives were involved in making decisions and discussions about their care and support they needed.

People's care and support needs were kept under regular review and recorded which helped staff determine areas of their care which required more support. Staff told us and we saw information was passed on during staff handovers so everyone was aware of any changes in people needs. People told us the staff regularly asked them how they were okay or if they needed help with anything. A relative told us, "I always get invited to meetings and the staff keep me up to date with what's going."

People had choices in how they spent their day. They could choose when to go to bed or when to get up or what to wear. One person told us, "I can do things I like; I can watch TV or I like to bake." Staff told us that they asked people about the care they wanted, ensured they had been given a choice and explained to people what they were doing.

People were supported by staff to engage in activities and interests of their choice. People went shopping, out for meals, bowling, and other activities that met their individual preferences. There were activities provided for people on a daily basis. Staff also took people out on day trips, for example, to the park or a local pub or cinema. If people did not wish to join in an activity the staff would respect their wishes. However staff would also talk to people to see if they needed any support to encourage interaction with other people living at the service. People who spent time in their bedrooms told us this was their choice.

People were supported to maintain relationships with people who were important to them. Visitors were welcome at the service. Relatives told us they could visit at times suitable to them. The staff told us and relatives confirmed that there were no restrictions on them visiting their relatives and those relatives were kept informed if their family member was unwell.

People told us they were aware of how to make a complaint and they could express any concerns. One person said, "I've no complaints." One relative told us, "If I have any concerns I will speak to one of the staff." Staff told us that they would support people to raise any concerns they had if they unable to do so. The registered provider had not received any formal complaints since our last inspection. We found the service had a complaints policy and procedure in place which gave clear timescales for dealing with complaints. However the registered provider was reminded to update the procedure to reflect the changes in our regulations.

Is the service well-led?

Our findings

People felt the service was managed well and the staff was doing a good job. People told us that they could speak with staff or the registered provider. One person told us, "The staff here are very good." Staff told us that they felt supported and could approach the registered provider at any time for help and advice. One staff member said, "The manager is very supportive and we know where we stand." The atmosphere and culture of the service was supportive and there was a team approach to ensuring people received appropriate care.

Staff told us they felt staff morale was good. The registered provider was supportive of the staff and was readily available if staff needed any guidance or support. We saw that when gaps in skills or knowledge were identified, arrangements would be made for staff to complete the necessary training for example Deprivation of Liberty Safeguards training. This helped to ensure that staff were able to carry out their duties effectively so that people received the care and support they needed.

There was a clear management structure at the service. Staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff spoke positively about the leadership and management style of the registered provider. People and staff appeared comfortable and relaxed with the registered provider.

We saw there were systems in place to enable people living at the service to comment on the service provided. There were regular 'residents meeting' held. We looked at the minutes of the meeting which showed people's views were taken into account in the way the service was provided. One example we saw, was one person requesting staff not to enter their room when they went to bed at night, this was for a specific reason as they had their own routine. Staff respected their wishes.

We saw and staff told us regular staff meetings were held regularly and this was an opportunity to give their opinions on the service. This showed staff was appropriately supported in relation to their caring responsibilities and were regularly updated about any changes in the service.

There were systems in place for monitoring the quality of the service. The registered provider used survey questionnaires to seek people's views and opinions of the care and support they received. We saw people gave positive feedback about the service and were happy with the care and support they received.

There were a number of policies and procedures in place to give staff guidance about how to perform their roles. We spoke with staff and they were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people and confidentiality. However the registered provider was reminded that some of policies and procedures needed to be reviewed to reflect the latest changes in regulations, for example, when legislation changed with the introduction of the Care Act 2014.

We had received notifications about incidents as is required from the provider. A notification is information about important events which the provider is required to tell us about. However there was one incident where there was a delay in the registered provider notifying us. This was discussed with the registered

provider who re-assured us that future notification would be sent to us promptly.

The registered provider was aware of areas that required improvement for example they were looking at another staff member to take the role of the health and safety officer at the service as the previous staff who had the responsibility had left the service.

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 18 HSCA RA Regulations 2014 Staffing</p> <p>There was not always sufficient numbers of staff to meet the needs of people in the service.</p> <p>Staff had not been having regular supervision sessions and there was no evidence of appraisals as is necessary to enable them to carry out the duties they are employed to perform.</p> |