

Mrs Jacqueline Lorraine Bailey

Airthrie Homes - 58 Airthrie Road

Inspection report

58 Airthrie Road
Goodmayes
Ilford
Essex
IG3 9QU

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18 September 2018

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Tel: 02082524255

Website: www.airthriehomes.co.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

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 September 2018 and was announced. At our last inspection in July 2017, we found the provider was meeting the regulations we inspected and the service was rated "Good". At this inspection, we found that the service continued to be rated "Good".

Airthrie Homes - 58 Airthrie Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and support to four people with a learning disability. At the time of our visit, there were four people using the service.

Relatives told us they felt the service was a safe place for their loved ones. The provider had systems to protect people from the risk of harm. Staff were knowledgeable about how to safeguard people and keep them safe. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk.

Background checks had been carried out on staff to make sure they were suitable to work with vulnerable people. There were sufficient numbers of staff to meet people's needs.

Appropriate measures were in place to ensure staff administered medicines to people safely. People were supported to eat and drink enough to help keep them healthy.

Staff received appropriate training, professional development, supervision and appraisal to support them in their roles.

People received individualised care that met their needs which were regularly reviewed. They were supported to attend health and medical appointments.

Relatives told us they were satisfied with the care and support provided at the service. Staff were knowledgeable about people's care needs. People were able to make choices about how they wanted to be supported. They were encouraged to participate in meaningful activities.

Staff demonstrated a good understanding of the requirements of the Mental Capacity Act (MCA) 2005, and were aware of the steps to take should someone who used the service need to be deprived of their liberty for their own safety.

There was a system in place to check if people and their representatives were satisfied with the service provided. Relatives felt able to raise any concerns with staff or the provider.

People's records were kept securely in order to protect their confidentiality. The provider had several policies and procedures that gave guidance to staff in a number of key areas.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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 18 September 2018 and was announced. The provider was given one-hour notice because the service is a small care home for younger adults who were often out during the day; we needed to be sure that members of the management team were available to talk to. It was carried out by one inspector.

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection. We also looked at the last inspection and spoke with the local authority commissioners.

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 spoke with the provider and two members of staff. We reviewed 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, staff supervision records, minutes of meetings and documents in relation to the monitoring of the service.

We were unable to speak to people who used the service as three of them were out in the community on the day of our visit and one person who was at the service did not want to talk to us.

After the inspection we contacted two relatives to obtain their views of the service.

Is the service safe?

Our findings

Relatives told us that they felt the service was a safe place and did not have any concerns with the way staff looked after their family members. One relative said, "Yes, it is a good home." We saw staff had received training in safeguarding adults. They were clear about their responsibilities to report concerns and were able to describe the different types of abuse.

The provider had a process in place to manage risk to people. Staff had carried out risk assessments on each person to identify risks to their wellbeing and safety. Risk assessments supported people to develop their independence while minimising any risks. They were reviewed when people's needs changed. This meant that people were protected against risk of harm.

Records of accidents and incidents were kept. When there was an incident, staff completed a form which was then passed on to the provider who analysed them and took action to reduce the likelihood of incidents or accidents reoccurring.

The provider had a system to ensure all equipment was maintained and serviced. People had an individual Personal Emergency Evacuation plan (PEEP) in place. This helped to ensure staff were aware of each person's ability to evacuate the service in the event of a fire. Regular fire alarm tests and fire drills were carried out.

Relatives felt there were enough staff working at the service. Staff confirmed that there was always enough on duty. However, the provider told us that they were currently requesting more funding from the local authority for one person as their needs had changed and they required more hours of one to one staff support.

The provider had an effective recruitment and selection processes in place. We saw relevant checks had been completed before staff started to work at the service. The provider ensured that staff were of good character and had the qualifications, skills and experience to support vulnerable people.

People received support from staff with their medicines to ensure they were managed safely. We looked at the records for monitoring the medicines given to people and these had been signed to indicate that people had received their medicines on time. Each person that required medicines had an individual Medication Administration Record chart (MAR chart) which clearly stated the person's name, date of birth and allergy status.

During a tour of the service we noted the place was cleaned. Staff were provided with personal protective equipment such as gloves and aprons to prevent any spread of infection. They had a good understanding of their responsibilities in this area.

Is the service effective?

Our findings

Relatives felt staff knew what they were doing and how to care and support people who used the service. One relative said, "The staff are very good." Another commented, "They [staff] are brilliant at what they do."

The provider ensured that the staff had the necessary skills and knowledge to effectively meet people's needs. They had a training programme in place for all staff. Staff told us the training was good and helped them to provide effective care to people who used the service and meet their needs. One member of staff said, "The training is very good."

Staff received regular one to one meetings with the provider to discuss their work and any issues they might have. They also had an annual appraisal and this helped the provider to monitor their work performance and identified any areas for development. We saw newly recruited member of staff received an induction when they started working at the service. This included training and 'shadowing' a more experienced member of staff until they were confident to work on their own with people who lived at the service.

Since our last visit, there had not been any new admission to the service. The provider however had an assessment process in place to ensure they had all the relevant information on what people's needs were and how to meet them.

The Mental Capacity Act 2005 (MCA) is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Deprivation of liberty safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We noted that the staff and provider were familiar with the processes and principles of the MCA and DoLS. People's best interests were assessed if the person lacked capacity to make certain decisions about their care and support.

People were supported to have sufficient amounts to eat and drink. Staff knew what people's likes and dislikes were. For example, one member of staff told us what one person liked to have for their breakfast and this information was included in their care records.

The provider worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. Staff monitored people's health and welfare and made referrals to health care professionals where appropriate for example the local GP.

Is the service caring?

Our findings

Relatives commented positively about the care and support provided by the staff. They described the staff as very kind and caring.

During our inspection we observed staff treated people with dignity and respect and care/support was delivered in an unhurried and sensitive manner. For example, we saw the provider giving reassurance to one person who was upset and this was done in a professional and understating way. People were comfortable in their environment and around the staff.

People were encouraged to maintain their independence wherever possible, for example to wash or have a shower by themselves. People's independence levels were recorded in their care plans. One member of staff told us, "I encourage the service users to do things they can by themselves." This helped to ensure people maintained their abilities in some areas of their care needs.

Where people had culturally diverse needs identified, those needs were planned for in the care plans. For example, one person chose not to eat certain meat products due to their faith. Their wishes were recorded and staff were aware of them. People were not treated differently based on their specific protected characteristic, including areas of nationality, gender, disability, religion or belief, sexual orientation and age.

People were encouraged to maintain relationships with people who were important to them. Relatives told us they visited their family members regularly. Visitors to the service were made welcome.

Staff treated people with respect and their privacy was upheld. For example, staff told us how they made sure doors and curtains were closed before providing personal care to people. We observed staff speak with people in a polite way and took time to listen to what they had to say.

Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed. They encouraged people to exercise their choice in areas such as how they wanted to be supported, or what activities they wanted to take part in. People were given a choice in their daily routines.

We found that people's records were kept securely in order to protect people's confidentiality. Staff were aware information provided in confidence should not be used or disclosed except to another authorised person and they had to seek the person's consent first.

Is the service responsive?

Our findings

Feedback we received from relatives about their care was positive. One relative told us, "The staff are fantastic."

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. They were able to express their views and were involved in making decisions about their care and support. We found evidence that people or their representatives had been involved in drafting their care plans.

We saw care plans contained information on how each person must be supported as well as including people's preferences. Staff felt the care plans provided them with enough information to enable them to meet people's needs and preferences. Care plans were reviewed and updated when people's needs changed. This helped staff to be responsive to changes in people's needs.

People had an allocated member of staff known as a key-worker who coordinated their care. Staff worked with people on a one to one basis to discuss their care and to plan goals such as any activities they would try to take part in.

People's social and emotional needs were taken into account. People were supported to pursue their interests and maintain links with the community. They were able to participate in meaningful activities of their choice. This helped to avoid social isolation.

Information about people's last wishes about their death was recorded and this helped to ensure they were supported at the end of their life to have comfortable and dignified deaths.

The provider had an open culture that allowed people and their relatives to express their views and concerns in a safe and understanding environment. Relatives were aware of how to make a complaint and felt they would have no problem raising any issues and they would be dealt with accordingly. The provider regularly asked people and checked that everything was alright with them. They had not received any complaints since our last visit.

Is the service well-led?

Our findings

Relatives and staff felt the provider was approachable and supportive and felt the service was managed well. One relative told us, "[Provider] is nice." The provider encouraged people, relatives and staff to contact them if they had any issues or queries. They operated an open-door policy and staff felt they could talk to them about any issues they might have.

There was no registered manager in place as the registered provider was 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.

The provider was aware of their responsibilities to inform us of any notifiable events. They had regularly sent us information about certain events so that we could see what actions they had taken or if we needed to follow up on any information they had sent us.

There were regular staff meetings where a number of areas were discussed such as how to improve the quality of care that people received. Staff were also encouraged to discuss any issues they might have during those meetings and they felt listened to.

The provider had a number of policies and procedures which gave guidance to staff in a number of key areas. Staff knew what their responsibilities were and who they accountable to.

There were quality assurance systems in place to monitor and drive service quality improvements. The provider continually sought feedback from people, relatives, staff and other professionals. This was gained by satisfaction surveys. Comments from the recent completed satisfaction surveys were positive about the service.

The provider had good links with a number of social care professionals within the local area and in other local authorities and this helped to ensure people's needs were fully met.