Mrs Jacqueline Lorraine Bailey

# Airthrie Homes - 56 Airthrie Road

## Inspection report

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24 November 2016

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Inadequate** |
| Is the service effective? | **Requires Improvement** |
| 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 22 and 24 November 2016 and was announced. The provider was given one and a half hours' notice because the location 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 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.

Airthrie Homes - 56 Airthrie Road provides accommodation and support with personal care for up to four adults with learning disabilities. At the time of our visit, there were three people using the service.

At our previous inspection on 8 June 2016, we found a breach of regulations in relation to safety of premises and equipment. We noted that the shower heads in two bathrooms could drop below the water level when the baths were in use and could create a backflow which is an unwanted flow of water in the reverse direction. This could be a serious health risk for the contamination of potable water, which people and staff consumed. During this visit, we saw the provider had taken action to rectify the situation, however, we saw two shower heads could still reach below the water level when the baths were in use. On the second day of our visit the provider had taken action and fixed the shower heads.

We found people were not always protected from being cared for by suitable staff because the provider's recruitment processes were not always followed. There were sufficient numbers of staff to ensure people's needs were met.

Although staff demonstrated the appropriate skills and knowledge to care for the people they supported, they had not been regularly trained.

People's health and wellbeing were at risk as they 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.

People's needs had been identified, assessed and reviewed on a regular basis. Staff had enough information to be able to care for the people they supported. People had been involved in the planning of their care.

There were quality assurance systems in place to review and monitor the quality of the service provided, however, it was not always effective at seeking people and their representatives' views about the service. We noted not all relevant notifications had been received by the Care Quality Commission in a timely manner.

People were supported to have access to healthcare services and the provider worked effectively with other health care professionals and referred people for treatment as and when necessary.

There were safeguarding procedures in place to protect people from potential abuse. Staff received training and were knowledgeable about the signs to look for. Accidents and incidents were recorded and monitored.

People's rights were protected in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People had given their consent for staff to provide care and support.

Staff felt supported by the management team and felt able to raise any issues or concerns. There were regular meetings where staff had the opportunity to make suggestions and feedback on the service.

People were supported to be part of the local community. They were able to take part in various activities and to follow their interests and hobbies. There was information available should people wish to have an advocate. Staff understood their role in supporting people to make choices and respected their privacy and dignity. They encouraged people to be as independent where possible.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one of the Care Quality Commission (Registration) Regulations 2009. You can see what actions 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?

**Inadequate**

The service was not safe. There were shortfalls in how medicines were stored, administered and recorded.

Recruitment procedures were not always followed and this put people at risk of receiving care and support from staff who were not suitable to work with them.

Individual risk assessments were completed to ensure people were looked after safely. However, the provider did not always make sure people were living in a safe environment.

There were safeguarding policies and procedures in place to protect people from possible harm. People were supported by sufficient numbers of staff.

### Is the service effective?

**Requires Improvement**

The service was not always effective. Some elements of staff training required updating to refresh their skills and knowledge.

People's care records detailed their ability to make decisions about their lives. Staff understood the requirements of the Mental Capacity Act 2005 (MCA), however, they had not received training in this area.

Staff received regular supervisions to support them in carrying out their role effectively.

People had access to healthcare services and professionals were involved in the regular monitoring of their health. They were encouraged to eat healthily and were supported to have enough to eat and drink.

### Is the service caring?

**Good**

The service was caring. People had their dignity, privacy and independence respected.

People and their families spoke positively about the staff. We saw support was provided in an unrushed and respectful manner.

People were involved in decisions about their care and daily lives.

## Is the service responsive?

Good

The service was responsive. Staff were aware of people's needs and how to support them in the way they preferred.

People were able to take part in a range of organised activities if they chose to.

A complaints policy and procedure was in place to advise people and their representatives on how they could raise concerns if they were unhappy with any aspect of the service.

## Is the service well-led?

Requires Improvement

The service was not always well-led. 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.

People, relatives and staff spoke positively about the management of the service.

Not all records were kept or readily available at the service, which affected the management of the service. There were delays in producing records for us to look at as they were kept in the sister service.

# 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 22 and 24 November 2016 and was announced. The visit was carried out by one inspector.

Before the inspection, we reviewed all information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur, including injuries to people receiving care and safeguarding matters. A notification is information about important events which the registered provider is required to send to us by law. We reviewed the notifications the provider had sent us. We had also requested information from the local authority to gain their feedback on the quality of care and support provided as they had recently been in the service to carry out a contract monitoring visit.

During the inspection, we looked at two people's care records and two staff files and records associated with the quality and safety of the service. These included staff training, policies and procedures, accident and incident records, compliments and complaints, records of audits, and maintenance records. We spoke with one person who used the service, one staff member, the registered provider and the monitoring officer who manages the service when the registered provider was away.

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

Inadequate

# Is the service safe?

## Our findings

People and their relatives told us they felt safe using the service. One relative said, "It is a safe place for my family member." One person told us, "I do feel safe here."

During our inspection, we found maintenance checks were done regularly, however, we noted repairs or faults which were previously identified, had not been acted upon. We saw there was a missing smoke/heat detector in the kitchen and the monitoring officer told us there was an on-going water leak in one of the bathrooms on the first floor. This was the reason for the detector not being in place. We also noted there was no toilet roll holder on one toilet, one very rusty radiator in a person's bedroom and shower heads not fix properly. We discussed our concerns with the monitoring officer who said the issues identified would be dealt with and actions would be taken to fix them.

Records showed staff checked the fire system weekly to ensure it was fully functioning. Each person had a personal emergency evacuation plan (PEEP) which identified the assistance they would need for safe evacuation. However, on our first visit, we saw three fire doors were propped open by different objects, two with plastic/rubber wedges and one with a laundry basket. Three days prior to our visit, the contract monitoring officer from the local authority visited the service and also noted one fire door was propped open and the same issue was also identified during a fire safety check by the local fire brigade in August 2015. We discussed our concerns with the provider as in the event of a fire, wedging open fire doors would allow smoke and fire to travel much more quickly throughout the premises. This was a serious risk to the people using the service, staff and visitors. The provider informed us they would install fire door retainers, which would activate by the sound of a fire alarm and the fire doors would close automatically.

We found the medicine management was not safe. There were no records when medicines were received in the service. The monitoring officer told us that there was a section of the medicine administration records where staff should record when medicines were received but these were not completed. We saw the medicine Dossett box for one person was left in the office unattended instead of being locked in the medicine cupboard. 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. Despite these gaps being identified when the management team had checked the MAR sheets, no action had been taken. 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 could have a negative impact on the level of pain the person was having as they were not having their medicines as prescribed. On one MAR sheet we saw just the word Paracetamol was handwritten for 12pm with no clear directions of how many tablets to administer. This meant there was a risk of medicine administration errors occurring as staff had transcribed people's medicines without getting them checked and countersigned. The monitoring officer was unable to confirm who prescribed them. On another, we saw one person was having a non-prescription medicine and there was no evidence if this was discussed with their GP. Again, this left people at risk as the homely remedy could interact with other medicines the person was taking and have a negative effect on them.

These concerns constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

We reviewed the recruitment files of two staff employed since our last inspection and found there was no proof of identity and references in place for one staff member. The other staff member had started work without a DBS (Disclosure and Barring Service) check. A DBS check determines whether a person has a criminal record or is on a barred list for working in the care sector. The provider told us the staff who was in charge of carrying out these checks had taken time off for personal reasons and was why the checks had not been completed. However, we noted one of the staff started working for the service in April 2016 and the other in September 2016. The provider informed us that they would suspend the two staff from working until all relevant checks were carried out.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood their responsibilities to report any safeguarding concerns to the management team. They told us they had received safeguarding training and this was confirmed by information we saw in training records. They were able to describe the different types of abuse and the action they would take to keep people safe. One staff member told us, "If I see anyone being abused I would report it to the manager straight away." The provider had policies and procedures in place to guide staff on the action they must take if it was suspected or alleged that people using the service were at risk of abuse. Staff knew who to contact to report abuse as the information was made available to them and also displayed in the office. On the first day of our visit three staff were attending training in safeguarding adults. The monitoring officer was aware of the local safeguarding protocols, and knew what action to take in the event of an allegation of abuse.

People's care plans contained risk assessments which had been undertaken to keep them safe. They were individual to the person and contained information about how staff were to support people within the service or when going out into the local community. There was also information on how to support people who could display behaviours which could put themselves and others at risk of harm. For example, using distraction techniques to try and calm the person to make sure they were safe. One risk assessment stated, "Distraction techniques may help, like talking about their favourite DVDs, food etc." Staff knew what actions they should take to ensure people were safe.

There was a system in place to record accidents and incidents, such as falls. Records showed appropriate action had been taken in response to incidents to promote the safety and wellbeing of people using the service. For example, one person had a fall and it was decided they would receive one to one support from staff until they got better.

People and their relatives felt there were enough staff working in the service. One person said, "Yes" when we asked them if they were happy with the number of staff on duty. When people needed to attend appointments or were going out in the community, the provider ensured the service was adequately staff. We looked at the staff rotas which showed us enough staff were on all shifts to ensure people's safety. The monitoring officer told us if there was an emergency they could call for help from the sister service which was next door. Staff told us there were enough of them available to make sure people's needs were met.

Requires Improvement

# Is the service effective?

## Our findings

People and their relatives felt staff provided care and support to a good standard. One person said, "They [staff] know what they are doing." A relative told us, "I am happy with the way they looked after my family member."

However, 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 we looked showed some staff had not received training such as, fire safety training, moving and handling, food and hygiene and mental health awareness. This could have an impact on people using the service as the staff had not received sufficient training to carry out their duties effectively.

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

Staff received supervisions every two months. We reviewed two supervision records and found staff had an opportunity to discuss their training and support requirements as well as report any concerns they had. For example, we saw one staff member had commented they were enjoying the vocational course which they were doing at level three. They felt the course was very informative. The same staff had also raised concerns about some health and safety issues in the service. We noted in other supervision records the staff member raised concerns about maintenance issues, they mentioned "It gets reported, but nothing gets completed." We also saw a number of training needs were identified for the same member of staff to complete, for example, Mental Capacity Act 2005 (MCA), safeguarding, medicine management, dementia awareness and challenging behaviour. This showed the provider regularly assessed and monitored the staff's ability to meet people's needs.

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. 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The monitoring officer demonstrated a good understanding of the MCA.

People were happy with the food and drink provided at the service. One person said, "The food is good." Staff were aware of people's preferences. For example, staff told us one person liked porridge and the person confirmed this to us. People were encouraged to have a healthy and nutritious diet, however staff also respected their choices and made every effort to accommodate these within the menu. We saw there was a choice of meals at breakfast, lunch and supper-time. People were able to access the kitchen at any time to make drinks for themselves if they were able to do so. Staff kept a record of what people had eaten

and if there was any concerns about a person's diet or weight, they would seek advice from the relevant professional.

The provider had effective working relationships with other health professionals such as GPs and other healthcare professionals. They worked together to ensure people received the care and support they needed. We saw records, which showed people had access to health care professionals when needed and were supported to attend appointments at their GPs and hospital, when required. For example, we noted one person visited the dentist to have new dentures fitted and recently all people had also had their flu jabs. The outcomes of any appointments were recorded in people's care plans and changes made where necessary. Information about the involvement of healthcare professionals was recorded in people's care plans. This gave staff the necessary information to support people in meeting their healthcare needs. We saw records which showed every year all people living at the service had a health check done with their local GP.

Information on how to access an advocate was available to people who used the service. An advocate is a person who ensures the views and wishes of people are taken into account and will speak on behalf of people in situations where they don't feel able to speak for themselves. The monitoring officer informed us they were not using any advocacy services at the time of our inspection.

Good

# Is the service caring?

## Our findings

People who used the service and their relatives commented positively about the care and support provided. They told us the staff were kind and caring. One person said, "The staff are good, I like it here." A relative told us, "[Staff] knows my family member well." Staff had good relationships with people and their relatives. People and their relatives felt the staff were caring and treated them well.

During the inspection, we saw people were supported in a caring way. Staff were unhurried and took time to talk to people or sat with them while they were watching the television. There were positive interactions between staff and people who used the service. People were comfortable with the staff who were supporting them. There was a relaxed atmosphere in the service.

Staff supported people to maintain their independence. Where people were able to do things for themselves, staff encouraged them to do so. For example, one person was able to wash and dress themselves independently. One staff member told us, "We always encourage the service users to be independent. They also help around in the home with the washing in the kitchen."

People were treated with respect and had their privacy and dignity maintained. We saw staff knocking on people's bedroom doors before going in. Personal care was provided in the privacy of people's own rooms.

Staff respected people's choices and responded to requests for support. For example, one person preferred female staff to support them and the monitoring officer ensured this happened. Staff were aware of people's religious and cultural needs. People were called by their preferred name, and this was evidenced in their care plans. This demonstrated staff were aware of people's individual needs and had knowledge of people's individual choices. We saw people were encouraged to personalise their rooms with items of their own possessions.

We saw information about people was kept securely in the office. Staff were aware of their responsibilities on how to maintain people's confidentiality. For example, by not discussing, other than with those authorised, confidential information about people using the service and showing anyone people's personal records or notes.

However, we noted the local authority had recently raised concerns about how people's information was shared with them by the provider using an unsecured email system. We also noted they had advised the provider in 2013 to register as a data controller with the Information Commissioner's Office (ICO). This was not done until 28 November 2016. The ICO is an independent authority, set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

Good

# Is the service responsive?

## Our findings

People and their relatives said they were happy with the service and felt staff knew about their needs and wishes. People said staff helped them with their needs and they do so in a kind and caring manner. One person told us, "The staff are very good." A relative commented, "They [staff] are very caring and kind."

We saw each person had a care plan which was personal to them. The plans included information on maintaining people's health, their daily routines, their skills and how to meet their needs. The care plans contained clear instructions for staff to follow in order to meet people's individual care needs. This also helped to promote their wishes and preferences. For example, in one care plan under communication, it was written, "Staff to speak slowly, encourage eye contact and give short and uncomplicated answers." Care plans were reviewed on a yearly basis or more often if the needs of the person changed. Staff had a good knowledge about the needs of the people they cared for and they were able to give us examples of people's likes and dislikes.

People and their relatives had been involved in the care planning process and were kept informed of any changes, for example in medicines people were taking. One person told us, "Yes, I know about my book [care plan]." During this inspection, we did not see any signatures of people in their care plans to indicate they were involved and agreed to them. However, we saw them at our previous inspection. When the care plans were updated, they were reprinted and that was the reason for the missing signatures. The monitoring officer said that they would get them signed again.
People and their relatives were aware of who to speak with if they wanted to raise any concerns. One person told us, "I am happy here, I will speak with the manager if I have any concerns." One relative said, "I've never had any concerns, but if I had I would speak with the manager."

We looked at the complaints records and found there had not been any formal complaints since our last inspection. The monitoring officer said they dealt with minor concerns promptly on a day to day basis. This helped to ensure people were happy with the service they received.

The provider had a complaints procedure which included information about who people could contact if they were not satisfied with the outcome of their complaint, this included the Local Authority and the Ombudsman. Relatives felt confident the provider would deal with their concerns or complaints appropriately and resolved them accordingly.

People were supported to take part in activities they enjoyed. We saw on the notice board there was a list of in house activities as well as activities in the community. People took part in activities such as bingo, going out for meals, art and craft, walk in the parks, disco and pub nights. Activities had been tailored to meet people's individual needs. Some people liked to take part in activities within the service, whilst others liked to go out. On the day of our visit, we saw one person was participating in activities in the service and another person was going out with a member of staff. Some people chose to spend time in their room. Staff encouraged them to get involved in activities to prevent them from being socially isolated. We also noted people went on yearly holidays to different parts of the country. The monitoring officer informed us people's

relatives could visit at any time and this was confirmed by relatives.

Staff encouraged people to make their own decisions and respected their choices. For example, they could choose what to wear or what to eat or if they wanted a shower or a bath. Staff respected their decisions, however they made sure people were safe in what they were doing. For example, if a person chose to make a hot drink for themselves, staff would supervise at a distance to ensure the person was doing so in a safe way.

Requires Improvement

# Is the service well-led?

## Our findings

People and relatives told us were happy with the service and the management team. One relative said, "It is a good home." Relatives told us they could discuss the care and support of their loved ones with the provider or the monitoring officer and had no concerns. Although one relative mentioned that the communication could be better, as they were not always kept informed of what was going with their family member.

Staff said the provider was approachable and they were able to speak to them if they had any concerns. The monitoring officer also commented they could discuss any issues about the service with the provider.

We found evidence the provider had failed to notify the Care Quality Commission of incidents which had taken place. There had been a recent safeguarding alert raised by the local authority themselves about the service just before our inspection. They informed the provider to notify us of this, but the provider did not. 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.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There was not a robust system in place to either fully address the concerns identified at our last inspection, or to continually monitor, review and improve the quality of care people received. Although we saw there were systems in place to review the quality of the service, which included medicine management, the safety of the premises, staff records, training and care planning, actions were not taken in a timely manner. This would have helped address any shortfalls or areas for development which had been identified, immediately. There was no formal way 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 again in place to regularly assess and monitor the quality of the service people received.

This was a breach of Regulation 17 of the Care Quality Commission (Regulated Activities) Regulations 2014.

The provider had a range of policies and procedures available to staff to guide them in their roles and to inform them how the service should be run. Staff attended regular meetings, where important information about the service was shared. This also gave them an opportunity to discuss any issues they might have.

Staff had access to the records they needed to care for people, although these were not always readily available in one place. During our inspection we had to wait for a while at times to see records as they were not all kept in the service, but were in the sister service which was next door. This issue was discussed with the provider and they were reminded that records should be kept within the service and must be easily accessible. The sister service was registered separately with us and we advised records for this service should be stored within this service. On the first day of our visit, the internet was not working in the service

and we were not able to see some records such as care plans and risk assessments of people. We had to go back to the service on another day to look at those records. The provider did not have any backup system to deal with this sort of situation.

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 | Regulation 18 Registration Regulations 2009 Notifications of other incidents<br><br>The registered person had not notified the Care Quality Commission (CQC) of incidents which had occurred within the service as required by the CQC (Registration) Regulations 2009. Regulation 18 (2) (e). |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had failed to protect people against risks by doing all that is practicable to mitigate any risks to people. Regulation 12(1) and (2)(b). |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had failed to implement effective system to assess, monitor and improve the quality and safety of the service. Regulation 17(1) and (2)(a)(b)(f) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider had failed to have an effective recruitment and selection procedures that comply with the requirements of this regulation. Regulation 19(2) |

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The lack of training for staff could place people using the service at risk of inappropriate care. Regulation 18 (2) |