

Mrs Jacqueline Lorraine Bailey

# Airthrie Homes - 56 Airthrie Road

## Inspection report

56 Airthrie Road  
Goodmayes  
Ilford  
Essex  
IG3 9QU

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Tel: 02085900154

Website: [www.airthriehomes.co.uk](http://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 30 July 2018 and was announced. At the last inspection on 25 July 2017, the service was rated as Good.

Airthrie Homes - 56 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 three people using the service.

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.

People and their representatives were happy with the care and support they received from the service. They felt safe using the service and when staff were in their homes. The provider had safeguarding procedures in place and staff had a good understanding of what constituted abuse and how to report any concerns to keep people safe. Risks associated with people's care and support had been assessed.

People were supported by sufficient numbers of staff to meet their individual needs and wishes. The provider had a robust recruitment system was in place.

There was a comprehensive medicines policy in place. People received their medicines safely when they should.

Staff were supported to maintain and develop their skills through training and development opportunities. They received on-going training whilst working for the provider. They also had regular one to one meetings with their line manager to discuss their care practice and identify training needs.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Care plans contained information about people's wishes and preferences. These were regularly reviewed and updated.

Staff were aware of the Mental Capacity Act 2005 and had undertaken training to make sure they had knowledge and skills to support people who did not have capacity to make their own decisions.

People were supported to maintain good health and to access healthcare services when they needed them. Their dietary needs were considered and were monitored appropriately.

People were offered support in a way that upheld their privacy and dignity. Staff knew their needs and preferences and their privacy and encouraged them to participate in activities that were meaningful to them.

There was a complaints procedure in place which provided information on the action to take if someone wished to make a complaint and what they should expect to happen next.

People and their representatives felt the service was well managed and staff felt supported.

There were systems in place to monitor the quality of the service and to identify shortfalls or areas for improvement. People and their representatives were regularly asked for their views through satisfaction surveys.

## 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. There were systems in place to ensure people were protected from risk of abuse. Staff understood what abuse was and knew how to report it.

Risks associated with people's care and support had been assessed and there was guidance in place to keep them safe. There were systems to manage accidents and incidents.

The provider had effective recruitment and selection processes in place. There were enough staff to meet people's needs.

People received support with their medicine which was managed safely.

There were systems in place for the monitoring and prevention of infection.

### Is the service effective?

Good ●

The service was effective. System were in place to assess people's needs before they started to use the service.

People received effective care from staff who had the knowledge and skills to carry out their job roles. Staff were supported by a system of induction, training and supervision.

Staff understood and acted in line with the principles of the Mental Capacity Act 2005. Where people did not have the capacity to consent, the staff acted in accordance with legal requirements.

People were supported to maintain good health and to access healthcare services when they needed. Their dietary needs were considered and were monitored appropriately.

### Is the service caring?

Good ●

The service was caring. People had their individual needs met, including needs around social inclusion and wellbeing.

People were treated with respect and their independence,

privacy and dignity were protected and promoted. They were able to make choices about their care and their views were taken into account.

Staff demonstrated a good knowledge about people they were supporting.

People had access to advocacy services to represent them where applicable.

### **Is the service responsive?**

**Good** ●

The service was responsive. People received care and support in accordance with their preferences, interests and diverse needs.

Care plans provided detailed information about each person's care and support needs.

People were supported to take part in activities within the service and in the community. They maintained relationships with friends and relatives.

People and relatives felt able to make a complaint and were confident that complaints would be listened to and acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led. People and their representatives felt the service was well managed and staff felt supported.

There were clear lines of responsibility and accountability within the management structure of the service. Staff had access to policies and procedures to inform and guide them in their roles.

There was an effective system in place to monitor the quality of the service and identify shortfalls.

# 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 30 July 2018 and was announced. It was carried out by one inspector. The provider was given one-hour notice because we needed to be sure that members of the management team were available to assist us with the inspection.

Prior to our inspection we reviewed the information we held about the service which included statutory notifications we had received since our last visit and information we had received from other professionals. Notifications are information the provider or registered manager sends us to inform us of significant events. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection visit we spoke with one person who used the service, the registered provider and the monitoring officer who managed the service when the registered provider was away. We also looked at two care plans, 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 and documents in relation to the monitoring of the service. We also observed how the staff interacted with people and how people were supported.

After the inspection, we spoke with one relative and two healthcare professionals over the phone to get their views on the service. We also contacted two members of staff to ask them questions about their roles and to confirm information we had received about them during our inspection.

# Is the service safe?

## Our findings

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Relatives told us they felt their loved ones were safe and they knew what to do if they had any concerns. A relative told us, "Yes, the staff do their best to keep people safe."

The provider had policies and procedures in place for safeguarding adults. Staff were trained and had a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. For example, one member of staff told us, "If there is any allegation of abuse, I will report it to the manager." Records showed that safeguarding concerns had been reported to the local authority safeguarding team and appropriate investigation had been carried out. One was still being investigated at the time of the inspection. The provider understood how to protect people by reporting concerns they had to the local authority and the Care Quality Commission (CQC). It was clear from discussions we had with the management team that they understood their safeguarding reporting responsibilities.

Staff knew they could report concerns within the service or to outside agencies. They were confident any concerns they raised would be listened to and fully investigated to ensure people were protected. We saw safeguarding was discussed during team meetings and this helped to remind staff of their responsibilities in this area.

We saw that the risks associated with people's care and support were assessed, and measures put in place to ensure staff supported people safely. Risk assessments were individual to each person and detailed the risks associated with their daily living, such as their behaviours and going out in the community. There was guidance in place for staff so that they were aware of the actions to take in relation to managing these risks. One member of staff told us, "When [person] goes out in the community, we have to make sure they are safe as they tend to cross the roads without looking." We found that risk assessments were reviewed and updated to reflect any changes in people's needs, for example, when there was a change in people's behaviour.

The service kept a record of all accidents and incidents involving people using the service and/or staff. The management team investigated any accident or incident and took action to reduce the risk of further occurrence and keep people safe. This helped to reduce the risk of similar events happening again.

We saw each person who used the service had a Personal Emergency Evacuation Plans (PEEP) in place and this helped to ensure people were evacuated safely according to their individual needs. For example, for one person it stated, "I would need help and support to go down the stairs and support to leave the building." We noted that fire alarm tests were undertaken and equipment used in the service had been serviced and maintained. This helped to ensure people lived in a safe environment as far as possible.

There were enough staff employed by the service to meet people's needs. The monitoring officer told us

there were always enough staff around to cover for sickness and holidays and records we saw confirmed this. The provider did not use agency staff and this helped to ensure people received consistent care and support. One relative told us, "Yes, there are always staff around." We looked the staff duty roster over the past four weeks and it reflected what the monitoring officer told us.

The provider told us that there was a consistent daily level of staff, which had been determined according to dependency levels and people's needs. They were currently in discussion with the local authority to increase the hours of one to one support for one person and were waiting for their decision. The provider had increased the one to one support already as they felt the person was not safe being on their own when they went out in the community.

The provider had effective recruitment and selection processes in place. People were protected from the risk of receiving care from unsuitable staff as the registered provider carried out relevant recruitment checks before new staff started working at the service. We looked at staff files and found appropriate checks had been undertaken. These included written references, proof of identity, proof of address, health check and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This helped to ensure only suitable staff were employed.

People told us they received their medicines when they should and felt staff handled their medicines safely. We looked at how the service managed people's medicines and found the arrangements were safe. The provider had a comprehensive medicines policy in place to guide staff on how to safely administer medicines. Details about what medicines people were prescribed were within the medicine administration records (MARs) folder which also included a list of staff's signatures who had been assessed as competent to administer people's medicines.

Medicines were stored safely in a locked metal cupboard. There was a daily record kept of medicines that were in stock and this helped to reduce the risk of any errors occurring or running low on medicines for people. Each person who required medicines had an individual medicine administration record chart (MAR chart) profile which clearly stated the person's name, photograph, date of birth and allergy status.

The provider had policies and procedures regarding the prevention and control of infection. On our visit, we saw the service was cleaned and free of malodour. Staff had received training in infection control and were aware of their responsibilities in the prevention of infection. There was personal protective equipment such as aprons and gloves available to staff. Relatives and professionals commented the service was always cleaned when they visited.



# Is the service effective?

## Our findings

People and their relatives felt staff had the skills and knowledge to support them with their assessed needs. Relatives told us they had no concerns about the care of their loved ones in how staff provided care and support to them.

We found that the provider had a process in place to ensure that people's needs were assessed before they started to use the service. There hadn't been any new admissions at the service for some time. However, the management team was clear that a detailed assessment of people's needs had to be undertaken before they started receiving care and support. We looked at a blank assessment form and found that it to be comprehensive in the areas it covered.

Staff received appropriate professional development. They completed training in several areas, for example, infection control, safeguarding, moving and handling, medicines management and health and safety. One member of staff described the training as "Good". Staff felt the training helped them to meet people's needs. We saw staff could regularly update their mandatory training and were able to request extra training as they felt necessary. For example, some staff were doing a level three qualification in health and social care. The monitoring officer had recently completed a level five qualification in health and social care. All this helped to ensure staff were appropriately trained and supported to meet people's needs effectively. There was a training plan in place, which detailed the training staff had undertaken and what they required.

When new staff started working for the service they were provided with an induction programme, which included training and getting to know the needs of people who used the service. They also had to familiarise themselves with some of the policies and procedures of the service such as how to safeguard people. New staff were enrolled to complete the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. There are an identified set of 15 standards which social care staff complete during their induction and adhere to in their daily working life.

We saw and staff confirmed they were supported to carry out their roles fully. Staff received supervision with their line manager. During these meeting staff discussed the support and care they provided to people, reviews of people's care, health and safety issues and their training needs. One member of staff told us, "I have regular supervision with the manager." Another described their meetings as, 'very helpful'. This helped to ensure that staff were supported to carry out their roles effectively as they could always seek advice from the management team. Staff were monitored by the management to ensure they work to an appropriate standard and were provided with guidance about their practice as needed.

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. 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). We checked whether the service was working within the principles of the MCA and found that they were compliant.

We noted the provider was familiar with the processes and principles of the MCA and DoLS. They had made applications for DoLS to the local authority when they believed people were being deprived of their liberty for their own safety. Staff had a good understanding of the main principles of the MCA and knew people might have fluctuating capacity to make decisions. They had received training in this topic. Staff always ensured they gained the consent from the person before carrying out any tasks for example when assisting them with personal care. They knew people could refuse to be assisted with a task and they respected their wishes.

People were supported to maintain good health. Staff knew people well and would notice any concerns with their health. When people needed referring to other health care professionals, staff understood their responsibility to ensure they passed the information onto the management team. One member of staff said, "If I am worried about someone, I will inform the manager." They went on to say that one person had recently been referred to their GP due to not feeling well. Records showed people had referrals to other health professionals, where the provider felt their input would be valuable. For example, we saw one person had attended an appointment with a consultant psychiatrist where their needs were discussed and plans put in place on how to manage the person's behaviour. There was information about people's health conditions in their care plans so staff knew about people's health needs.

People were supported to have enough to eat and drink and at the times they wanted. Each day staff would let people know what main meal planned and asked people if they would prefer an alternative. One person told us "The food is good." We saw that care plans included detailed information on each person's dietary needs, including likes and dislikes. People were offered a choice of what they would like to eat at breakfast, lunch and dinner. There was a daily menu in place and this was displayed in the kitchen so people could choose what was on the menu.

## Is the service caring?

### Our findings

People, relatives and other professionals commented positively about the care and support provided by staff. One person said, "The staff are very good." People told us that staff were kind. A relative said, "The staff are caring and always kind. They do a very good job."

We observed staff interacting with people in a caring and compassionate manner. Staff had a good knowledge of the people they supported. They were aware of their needs and their wishes and what was important to them. Staff were able to tell us what people did and didn't like and what support they needed. For example, one member of staff told us, "[Person] likes to eat spicy food." We saw people were comfortable in approaching staff at any time and overheard staff speak with people in a polite way and calling them by their preferred names. Staff had developed a good relationship with the people who used the service.

People were supported in promoting their independence. Staff encouraged people as far as they were willing and capable to clean their rooms and to wash themselves. This helped people to maintain and develop their independent living skills. One member of staff told us, "I always encourage [person] to wash part of their body themselves if they are able to do so." We saw care plans had information of what people could do for themselves and where they needed support.

People's right to confidentiality was protected. Staff had a good understanding of how to maintain people's confidentiality. They were aware of not to discuss any information about people in public and to disclose them only to people who had to have them. This helped to ensure that people's information was treated confidentially. We saw records were kept in lockable cabinets in the office which were kept locked when not in use. The provider had a confidentiality policy in place.

We found people had the opportunity to contribute and have their say about the care and support they received. Where people were able to, they were involved in planning the care and support staff gave to them. Relatives told us they were kept informed about any changes in their family member's health and or well-being. They also said they were able to discuss any issues with the management of the service, for example, any forthcoming health appointment of their loved ones.

People's human rights, privacy, dignity and diversity were respected. Staff told us how they always knocked on people's doors before entering and ensured dignity was maintained when providing support. Relatives did not raise with us any concerns in this area. Staff knew what people's individual religious and cultural preferences were. For example, one member of staff told us, "[Person] likes to eat curries and chapatis [flatbread]." People were encouraged to visit their places of worship.

The provider had an equal opportunities policy which staff were aware of. The service was committed to challenge any form of discrimination it encountered. People were treated equally regardless of their abilities, background, lifestyle, values, beliefs and their cultures were respected. At the time of our visit no one was using an advocate. The provider, however, had information available

about advocacy if people wanted to use the service. Advocates are trained professionals who support, enable and empower people to speak up.

# Is the service responsive?

## Our findings

Comments from people were positive, indicating that staff were kind and caring in meeting their care needs. One person said, "The staff are good." Relatives and other professionals felt the staff understood the needs of people well.

People's needs were planned and delivered in a way that was intended to ensure their safety and welfare. We saw care plans were focussed on areas of care people needed. For example, one person needed help with certain tasks as they had a vision impairment and this was recorded in their care plan. In another care plan we saw staff had been provided with guidance on how to communicate with one person due to their health needs.

Staff felt the care plans were informative and this helped them to meet people's needs fully. They were knowledgeable about people's needs and took time to ensure they were met as the person wished. For example, one member of staff told us, "[Person] needs help with their personal care and when out in the community." We noted that reviews of care plans were done if people's needs changed and this could be at any time. This meant that people's ongoing and changing needs were kept under review. Staff completed daily records, which contained details about the care and support that had been provided to each person and also to highlight any concerns. This helped to ensure staff were kept up-to-date about the needs of people who used the service.

People were able to take part in activities and lived their lives how they wanted. Staff encouraged them to go out, and do things they like. Staff were knowledgeable about people's preferred routines. One person said, "I like to go to the pub, I like dancing." People were able to take part in activities such as artwork, colouring, painting, gardening and watching their favourite TV programmes. People also participated in social events such as celebrating someone's birthday or joining in to celebrate festive events such as Christmas.

People were supported to maintain relationships with the people who mattered to them. Relatives were in regular contact with the staff. This helped to ensure people were not socially isolated. One member of staff said, "[Person] goes out to see their relatives regularly."

We saw that people who used the service were able to make choices about their lives and were part of the decision-making process. People had their own individual routines which were respected. For example, one person liked to go out in the community on a daily basis.

People who used the service were given appropriate information regarding their care and support. Some information, such as the daily and weekly menus, were available in pictorial format for people who were unable to read.

The provider had a complaints procedure that was clearly written and easy to understand. The policy included acknowledging and investigating complaints and producing a response to the complainant. There

was a system to log any complaints or compliments.

We noted that there had not been any formal complaints since the last inspection. The provider was in regular contact with people who used the service and their relatives. This helped to resolve any issues as soon as they arose. People and their relatives were very satisfied with the services they received and had not had cause to complain, but would know how to do this if necessary. One relative said, "It is a nice home, I don't have any concerns."

The service allowed people to express their views and concerns in a safe and understanding environment. Informal concerns raised by people were addressed through discussion with staff on a day to day basis. Staff told us they would report any concerns to the provider if the person they were caring for, was unable to do so. There was a regular meeting for people living at the service and this gave them an opportunity to raise any concerns or issues they might have.

## Is the service well-led?

### Our findings

People, their relatives and other professionals felt that the service was managed well. Staff also felt the service was a good place to work and the management team was supportive. We saw that people were comfortable talking to provider and staff were happy to express their opinions. One person said, "The manager is good." One relative told us, "I can contact the manager and they do listen to what I have to say." The management team encouraged people, relatives and staff to be involved in the day to day running of the service as much as possible.

Staff were clear about their roles and responsibilities and said they felt valued by the management team. They demonstrated a clear understanding of what was expected of them. They told us their views and ideas were listened to and felt the management team was approachable and dealt with any concerns effectively. One member of staff said, "The manager was very supportive when I was not well."

Staff were kept informed about any changes that happened within the service such as any new training that was happening. They were encouraged to discuss anything such as any personal matters that might be affecting their work. There were regular meetings where they were able to contribute to the continued improvement of the service.

We looked at people's personal records and found they were accurate and were updated on a regular basis. Other records relevant to the management of the service were accurate and fit for purpose. Records were kept locked when not in use. Electronic records were password protected and accessible to only staff who had the right to do so.

The provider had policies and procedures which covered a wide range of topics including health and safety, medicines management, safeguarding and whistleblowing. This helped to ensure staff had access to up to date information and procedures to guide them in their roles.

The provider had an effective quality assurance system in place to monitor the quality of the service and the support it provided to people. They sent satisfaction surveys to people, other professionals and relatives to get their views about how the service was operating. From the recent completed questionnaires in April 2018, we found positive comments about the service and how it was managed. For example, one relative wrote, "The staff always look after [family member] well, they take them shopping and to other activities." Another relative's comment was, "Everyone is treated as a family which is very good for all of them." In cases where areas for improvement were identified, action plans were drawn up to address these. For example, one relative mentioned, "It would be nice if the clients [people who used the service] are encouraged to do some cooking." This was acted upon by the management team.

The management team carried out audits to ensure the service was operating to expected standards. Care plans and risk assessments were checked regularly to ensure the information included in them was up to date. MAR sheets and staff training were also audited. Where areas for improvement had been highlighted, the provider took action to address them. For example, we noted some issues were identified during the

recent health and safety audit. On the day of our visit, the handyman came to rectify the issues that were identified such as bulbs not working and a door not closing properly. This meant the quality of the service was being assessed and monitored.

The management team worked closely with other external organisations to ensure people needs were met. We saw correspondence that had been sent to and from healthcare professionals where people's needs were discussed and advice received accordingly.