

Mrs Jacqueline Lorraine Bailey

# Airthrie Homes

## Inspection report

Jhumat House  
160 London Road  
Barking  
Essex  
IG11 8BB

Tel: 02082524255

Date of inspection visit:  
02 March 2022

Date of publication:  
23 March 2022

### 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

Airthrie Homes is a supported living service which is registered to provide personal care. The service can support up to nine people. At the time of the inspection, they were supporting nine people, all of whom were receiving personal care. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

### People's experience of using this service and what we found

The supported living service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. This enabled people who used the service to live as full a life as possible and achieve the best possible outcomes.

People received their health support in a kind and compassionate way from a staff team that knew them well and were familiar with their needs. The provider promoted the equality and diversity of people. Confidentiality of people's personal information was maintained. People were supported to maintain relationships with their relatives.

People had their care needs assessed before they began to use the service. The provider ensured staff had the necessary skills and knowledge to effectively meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. 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.

Staff understood what abuse was and the actions to take if a person using the service was being abused. Risks to people were identified and care was planned to mitigate the risks. The provider had a safe recruitment and selection processes in place. There were enough staff working for the service to meet people's needs. Medicines were managed safely. The provider had systems to ensure people, staff and visitors were safe regarding the spread of infection. The provider had a system in place to record and monitor accidents and incidents.

People received personalised care and support that was tailored to their individual needs. Care plans included people's communication needs. There were systems in place to monitor how the service was run to ensure people received a quality service. The service sought feedback from people who used the service

and their relatives, and we saw that this was acted upon. Regular audits and checks were undertaken to ensure the service was run well. The management team worked with a number of health and social care professionals and this helped to ensure people's needs were fully met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 8 November 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection because the service had not been previously rated.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Airthrie Homes

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by an inspector.

#### Service and service type

This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to make sure someone would be available to support us with the inspection.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We reviewed a range of records. This included people's care records, medicine administration records, satisfaction surveys, staff files, training records and staff supervision records. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures. We spoke with the registered manager and the deputy manager.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and two people who used the service to obtain their views of the service. We also contacted three 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

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to keep people safe from abuse. People told us they experienced safe care.
- Staff had received safeguarding training. They had a good knowledge of safeguarding and were able to give us examples of the types of abuse and actions they would take if they had any concerns. One member of staff told us, "If I see any abuse, I will report it to the manager."
- Relatives told us they felt their loved ones were safe at the service. One relative said, "I do not have any concern, my [person], is safe."
- The registered manager was aware of their responsibilities on how to protect people from abuse. We noted they had reported safeguarding concerns to the local authority and these were investigated.
- The provider had a whistleblowing policy in place and this gave guidance to staff on how they could raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Care and support was planned and delivered in a way that ensured people's safety and welfare. Risk assessments had been undertaken which informed staff how to keep people safe.
- Risk assessments gave staff clear guidance on how best to support people in different situations, for example, where people were at risk of falls. This helped to ensure care and support was delivered in a safe way.
- Risk assessments were reviewed and updated to reflect any changes in people's needs.
- Records confirmed that checks on the premises and equipment were carried out to ensure health and safety of people, staff and visitors to the service.

Staffing and recruitment

- There were enough staff employed to meet the needs of the people using the service. One relative told us, "There are always staff around when I visit."
- The registered manager made sure that people were looked after by the same group of staff member who were familiar with their care and support need. This helped with consistency and continuity of care.
- We reviewed the staff rota and this showed there were enough staff on duty.
- The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.
- Checks had been undertaken before new staff started working for the service. We saw evidence of identity checks, references being taken and criminal records checks had been carried out for each staff member. The provider also carried out checks to ensure that staff could work lawfully in the country.

### Using medicines safely

- The service had suitable arrangements in place to protect people using the service against risks associated with the unsafe management of medicines. Where people needed assistance to take their medicines, staff helped them accordingly.
- When people received their medicines, the staff recorded this on their medicine administration records (MAR). We saw the MAR records were completed correctly. Staff had received training in the management of medicine.
- MAR records were audited to ensure people had received their medicines as prescribed. If there was gap in signature, the deputy manager would look into it to ensure people had received their medicines. This would include checking the medicine stocks and talking to the staff who was on duty that day.

### Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection. Staff were aware of their responsibilities regarding infection control and prevention.
- Staff were provided with personal protective equipment (PPE) such as gloves and aprons to protect the spread of infection.
- Staff had received training in infection control and undertook COVID-19 testing on a regular basis.

### Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents. The registered manager reviewed the records to identify any action needed to prevent a potential recurrence.
- Accidents and incidents were discussed with staff so lessons were learned from them.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people started to use the service, the registered manager carried out a full assessment of their needs to ensure they could meet them.
- The assessment covered areas of the person's physical, social, psychological and cultural needs.
- The management team obtained as much information from people, their relatives and also from the information provided to them by the placing authority. People and their representatives were involved fully in the assessment process.

Staff support: induction, training, skills and experience

- People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs. The provider had a training programme in place for all staff to complete whilst they were employed at the service.
- Relatives told us that staff knew how to care and support their loved ones. One relative said, "The staff do a very good job."
- Staff had been given training in fire safety, the Mental Capacity Act, moving and handling, infection control, managing aggressive and challenging behaviour, person centred care and safeguarding. One staff member said, "The training is very good."
- New staff received an induction, which covered their familiarisation with the service, the people who used it and the policies and procedures of the provider. Staff would shadow an experienced member of staff until they were competent to work on their own.
- Staff were given appropriate support which helped to ensure they were able to provide effective care. Staff had regular one to one meetings with their line managers, where a number of areas were discussed such as their training needs and people's care needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were assisted to have enough to eat and drink where this was part of their care needs.
- Some people required support with their meal preparation and staff assisted them accordingly. The registered manager told us people needed different level of support in this area.
- Staff were aware of people's dietary needs, including likes and dislikes. One member of staff told us, "[Person] likes curry and rice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The management team 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 reported any concerns to the management team who made referrals to health care professionals where required.

#### Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff understood the importance of people having the right to make their own decisions.
- Staff received training on the MCA and there were policies and procedures for them to follow. They were aware if a person lacked the capacity to decide and the decision needed to be made for them, the decision should be made in their best interests.
- People were able to make day to day decisions about their lives. For example, they were supported to take part in activities they liked and to spend their time as they wished. A member of staff told us, "I always ask the person their permission before I do anything, for example when helping them with personal care."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People and their relatives commented positively about the service provided. One relative said, "The staff are very good." Another relative told us, "The staff are friendly and lovely."
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. One member of staff told us, "I treat everyone[people] equally, we have to respect each person as they are." People were called by their preferred name and this was noted in their records.

Supporting people to express their views and be involved in making decisions about their care

- Where people were able to, they were encouraged to contribute and have their say about the care and support they received. One person told us, "I can choose things I like to do."
- Staff 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. They told us they gave people choices, for example, if they would like to go out or stayed in during the day.
- Relatives told us the staff kept informed about any changes in their family member's health and or well-being. They mentioned they were able to discuss any issues with a member of staff or the management team.
- Staff had a good understanding of the care needs for people who used the service. They were able to tell us what people did and did not like and how they liked to be supported.

Respecting and promoting people's privacy, dignity and independence

- People were supported in promoting their independence. Staff knew how much each person was able to do for themselves and what assistance they needed. For example, people were encouraged to shave themselves and to cook for themselves under staff supervision as required. One member of staff told us, "I always encourage the service users [people] do things that they can by themselves." This helped to ensure people did not lose their confidence.
- People's right to confidentiality was protected. We saw people's confidential information was kept secure in locked cabinets. Staff knew not to discuss any information about people in public areas and to disclose them only to authorised people. This helped to ensure that people's information was treated confidentially.
- People's privacy and dignity were maintained. Staff told us how they would maintain a person's privacy and dignity when assisting them with personal care. This included closing curtains and door and asking the person's permission first.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans had appropriate information about people's preferences for their support and contained guidance for staff on how to support people safely. This helped to ensure staff had the information they needed to meet people's needs.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs. One relative told us, "The staff know how to look after my [family member]."
- Care plans were reviewed regularly and also when people's needs changed. This was done with the involvement of people who used the service and their representatives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw support plans had information about people's communication needs. People received information which they could access and understood. For example, some records were in picture format which made them easier for people to understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social and emotional needs were taken into account. People took part in activities which they had chosen to help ensure they were not socially isolated. There was an activities timetable in place for each person who used the service.
- Staff supported people to access local communities such as going shopping. Relatives told us they were able to visit their loved ones and were kept informed of any changes regarding their health or at the service.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record any complaints or concerns received. This included the details of the concern, actions taken and the outcome.
- Relatives told us that they were able to discuss any issues with the registered manager or their deputy. They also mentioned that they had no need to make any formal complaints, but they would feel able to do so if needed. One person told us, "I am happy here and do not have any complaints."
- A record was kept of any complaints and what had been done in response. People were given the contact details for external agencies which they could contact if they felt their complaints had not been resolved

satisfactorily.

#### End of life care and support

- Information about people's last wishes were recorded so staff knew what to do when people were approaching the end of their life.
- The registered manager told us that this subject was discussed with the person where they were able to and their relatives were also involved. This helped to ensure people received the care and support they wanted when approaching the end of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives commented positively about the service, staff and the management team. One relative told us, "I have no issues with Airthrie, it is a very good place and the staff are brilliant." One person told us, "It was a good place."
- The registered manager had an open-door policy where people, relatives as well as staff could raise any issues or concerns they had. They encouraged people, relatives, and staff to contact them if they had any concerns or issues to discuss. They had a good relationship with staff, people, their representatives, and other professionals.
- Staff also told us the registered manager and the deputy manager were very supportive and felt confident they would be listened to if they had any concerns. One member of staff said, "They (the registered manager and the deputy manager) are very supportive. I can contact them at any time, they always make themselves available even when they are not working."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of when the CQC should be informed of events and incidents that happen within the service and the responsibilities of being a registered provider.
- The provider had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines and was open and transparent in responding to any issues raised. They kept us up to date with any changes that happened at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had a clear understanding of what was expected of them. They were aware who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met.
- The provider had a range of policies and procedures governing how the service needed to be run. They were reviewed and updated with the latest guidance within the health and social care field.
- The provider ensured staff were kept up to date with any changes to ensure they updated their knowledge and kept their practice current.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place to monitor the service and address any areas of improvement where needed.
- There were regular staff meetings where staff were able to share ideas with each other and were kept informed about all aspects of the running of the service. We also noted that staff were kept informed of any changes in people's needs during those meetings.
- Meetings were also held with people who used the service and this gave them an opportunity to share any issues they might have or anything they would like to discuss.
- The provider continually sought feedback from people, relatives, staff and other professionals. This was gained by satisfaction surveys. We looked at the latest surveys and the feedback received were positive. We saw one relative commented positively about the care and support given to their loved one.

#### Continuous learning and improving care

- The provider carried out audits to monitor the quality of the service and to identify how the service could be improved. These included areas such as health and safety, care records, staff training and medicines charts, to ensure they provided care and support to people to the required standard. We saw the provider took actions where shortfall was identified, for example during a MAR audit where a missing signature was identified.

#### Working in partnership with others

- The provider had good links and worked closely with other health and social care professionals to ensure people received the care and support they needed. They recognised the importance of developing close ongoing professional relationship with individual professionals.
- The management team kept themselves up to date with best practice as far as health and social care was concerned. They attended regular provider's forums with different local authorities.