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The Swallows

Inspection report

The Swallows
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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 7 June 2016 and was unannounced.

The Swallows is a residential care home for older people, which provides accommodation and support for up to 19 people, some of whom have dementia. At the time of the inspection there were 19 people living at The Swallows.

The service was last inspected on 23 and 25 February 2016 and was given an overall rating of Inadequate. At the last comprehensive inspection, the provider was placed into special measures by CQC. We undertook a focused inspection at 4am to look at the areas of significant concern identified at the last inspection. This report covers our findings at the inspection on 7 June 2016. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Swallows on our website at www.cqc.org.uk

There was a registered manager in post. 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.

We found there were insufficient numbers of staff on duty at night to safely evacuate the building in the event of a fire.

Staff did not always have access to an up-to-date fire risk assessment and fire policy. Not all staff we spoke with were aware of where the current risk assessment and fire policy were located. The service had a file in the staff office area, which contained out of date paperwork relating to the fire safety.

The service carried out fire safety checks, fire alarm drills, emergency lighting checks and other checks relating to the fire safety. However checks were not always undertaken when senior staff were absent. We found three weeks checks were missing, which correlated to times when senior staff were on leave.

The service had carried out Personal Emergency Evacuation Plans [PEEPS]. These documents provide guidance to staff and emergency services on how to safely evacuate someone from a building in an emergency.

The service put in place new window restrictors, which ensured all windows were restricted in line with good practice. The service had updated signage relating to fire exits. Designated fire exit doors were in place and free from obstruction. Fire exits doors were linked to the fire alarm and upon the alarm sounding would automatically open.

Staff were aware of the correct procedure to follow in the event of an emergency and had received fire safety

training.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. The service had insufficient numbers of staff on duty at night to safely evacuate the building in the event of a fire.

The service carried out fire safety checks, fire alarm drills, emergency lighting checks and other checks relating to the fire safety. However checks were not always undertaken when senior staff were not at work.

Staff did not always have access to an up-to-date fire risk assessment and fire policy available to staff.

The service had carried out Personal Emergency Evacuation Plans [PEEPS].

Requires Improvement ●

The Swallows

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We inspected the service against one of the five questions we ask about services: is the service safe.

The inspection took place on 7 June 2016 at 4am and was unannounced.

The inspection was undertaken by one inspector and an inspection manager. We reviewed the information we held about the service including records of notifications sent to us. We spoke with 8 care staff, the deputy manager and the registered manager. We looked at three staff training files and records relating to the health and safety of the premises.

Is the service safe?

Our findings

At our previous inspection on 23 and 25 February 2016, we found the service was not safe. People were placed at significant risk of harm as the provider did not take reasonable steps in relation to fire safety management.

At our inspection in February, we found that people were placed at risk because staff did not have sufficient knowledge or equipment to support people safely to evacuate the building in the event of a fire. The service did not have a fire risk assessment, Personal Emergency Evacuation Plans (PEEPs), fire safety audits or functioning fire escapes in place. The service did not have sufficient staffing at night to ensure that people could be evacuated from the building safely in the event of an emergency. People were at risk of harm as the provider did not have adequate audit systems in place to monitor the safety of the premises and equipment. Records showed electrical hardwiring checks, portable appliance testing [PAT] and legionella water tests were out of date.

In February, we found three fire exit doors on the ground floor were locked shut by means of a keypad code. All fire door keypads were not linked to the fire alarm system, so if the alarm sounded the doors would remain locked preventing people from leaving the building. People were at risk because there were unsafe arrangements for dealing with emergencies. Access to the fuse box cupboard was blocked by wheelchairs and a hoist.

At our previous inspection we found that the registered manager did not complete audits relating to fire safety, or the health and safety of the environment. People were not protected against the risk of falls from a height. At the time of the inspection we found 21 windows on the first and second floors with no window restrictors, at a height that could be accessed easily. The registered manager was not aware of the Health and Safety Executive [HSE] guidance on 'Falls from windows or balconies in health and social care'. We also found 14 windows with restrictors which were either locked shut by a key or were screwed shut and unable to be opened. This meant that people could not access fresh air and in the event of an emergency windows could not be opened easily.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We requested the provider to take action to rectify these issues and they provided us with an action plan detailing work they would carry out and timescales for work to be completed. The provider sent us an action plan as requested.

At this inspection, we found that the provider had made some improvements.

Since the last inspection staff told us they felt people were safer and staff were more confident in the event of a fire. The deputy manager told us, "People are definitely safer. I am happy this [the previous inspection] has happened. Staff now feel safer and they know what to do". A staff member told us, "Fire safety has improved so much. The fire doors are fixed, we [staff] know where the assembly point is, we've had fire training and we know how to evacuate people."

The service had implemented an auditing system that looked at various aspects of the health and safety at the premises and was completed by the deputy manager on a weekly basis. For example, the auditing tool looked at fire escapes, call point alarms, window restrictors and door closers. We looked at the auditing tool and found these were comprehensive and identified areas that required action. However, no health and safety audits had been completed after the 10 May 2016. This meant that there were three weeks where no audits had been undertaken. We spoke with the registered manager who confirmed that this had not been completed as the deputy manager had been on leave.

People were protected from falls from a height. The service had fitted window restrictors to the first and second floor windows. The restrictors were 'Jack Lock' window restrictors, which enabled the windows to be opened to allow sufficiently enough to allow air to circulate. We found there was one window restrictor in the laundry room on the first floor that was not working and had come away from the window frame. The window was wide open and people could easily exit the window onto the flat roof. This meant that people were at risk of falling from a height. We spoke to the deputy manager who ensured the restrictor was fixed immediately. Should the health and safety audit been completed as scheduled this would have been identified the broken window restrictor and action taken to reduce the risk presented to people. We spoke with the registered manager who told us in the absence of the deputy manager, they would complete the health and safety audits to ensure that area identified as a risk were acted upon in a timely manner.

People were supported by staff that were aware of the correct procedure to follow in the event of an emergency, for example in the event of a fire. We spoke with staff who told us, "Before the last inspection, if there had been a fire it would have been a catastrophe. Since the inspection, things have changed, we [staff] all know what to do if there's a fire. I feel confident should there be a fire." Another staff member told us, "I've recently had my fire safety training, after the last CQC visit. The fire panel shows you exactly where the fire is located. You would go to the area of the fire and check if there is a fire or if it is a false alarm." When asked how staff would safely evacuate people, a staff member told us, "I'd use the fire sledge which is on the second floor to take them to the assembly point. I'd try to reassure them". Another staff member told us, "I've had my fire training and it went well. The trainer explained what to and not to do in the event of a fire. We need to make sure we close all doors behind us as we make our way to the assembly point. For those people who can't walk, we have the evacuation sledge to help bring them downstairs to safety". Another staff told us, "We [staff] need to look at people's PEEP's as this tells you if the person can walk or not. We [staff] are not to use the lift if there is a fire. The deputy manager always talks to us about fire safety, it's something that's discussed all the time."

People were supported to safely evacuate the service in the event of a fire. The service had purchased a fire evacuation sledge, which is wall mounted and easily deployed. Staff would support people to lie in the cushioned sledge and safely evacuate them during an emergency. A sledge is predominately used with people who have mobility issues who would find using stairs difficult. Staff were aware of the correct procedure in using the fire sledge and confirmed this had formed part of their fire training practical.

The service had engaged the services of a fire safety consultant to complete a fire risk assessment. This took place on 25 February 2015 and the report was completed on 4 March 2016. We looked at the fire risk assessment and found this documented the identified risks and developed an action plan on how to address the risks. The risk assessment rated identified risks into three main areas, slight, moderate and significant threat to life. We found the risk assessment had documented the overall life safety fire risk rating for the service, which was rated as category 12 – unacceptable significant threat to life. The provider had taken immediate action to address the identified issues. For example, the existing doors and the door frames to all the bed rooms, store cupboards, corridors and communal area were replaced with standard self-closing fire resisting doors complying with current British standards.

People were supported to evacuate the building safely as the service had implemented Personal Emergency Evacuation Plans [PEEP's]. PEEP's documents provide guidance to staff and emergency services on how to safely evacuate someone from a building in an emergency.

The service had updated the fire exit doors to ensure they were in line with good practice. When the fire alarm sounded the fire doors would automatically unlock, enabling people to exit safely. This was identified during our last inspection and in the fire risk assessment as requiring immediate action. This provider had completed this work. During the last inspection we found one fire exit blocked and those requiring a wheelchair to exit would not be able to. We also found that one fire exit door could not be easily opened. At this inspection we found all fire exits free from obstruction and easily passable. The fire exit doors could be opened.

People could evacuate the service following clear fire exit signs. We found the service had replaced signage around the service, giving people, their relatives, staff and visitors clear guidance on how to safely evacuate the building. The noticeboard in both, the main entrance and near the staff room on the ground floor, had clear and concise guidance for staff on how to raise the alarm if they suspected a fire. There was also a specific procedure for visitors to follow in the event of a fire. We also saw that there was a poster giving guidance on how to use a fire extinguisher and which type should be used for the different types of fire.

Staff did not feel there were adequate numbers of staff at night to safely evacuate the building in the event of an emergency. One staff member told us, "There are two staff on at night. If you have to evacuate the building and some people will need the assistance of two staff, then you would need to leave people at the assembly point alone, without support from staff. That's not safe to do." Another staff told us, "We have 19 people here, we should have three or four staff at night. We [staff] have mentioned this to the registered manager, we're told they will look into it".

The service had an up-to-date policy on fire safety. The policy was comprehensive and detailed information about the service in relation to fire safety. The service had a red file by the fire panel in the main entrance, that contain information and guidance for staff in the event of an emergency. For example, a floor plan, list of people's names, room numbers and the level of support people required in the event of an emergency. However not all staff were aware of the updated fire policy or it's location. We spoke with the deputy manager and registered manager who told us they would be reiterating to all staff the location of the fire folder and would ensure they had easy access to the up-to-date policy. After the inspection the provider sent us confirmation that all out -of -date copies of the policy had been removed.

The provider has sent us a copy of the action plan and dates for work to be completed. We will be monitoring this.