

Avenues South East

1-3 Emily Jackson Close

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 29 July 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 1-3 Emily Jackson Close on our website at www.cqc.org.uk"

1-3 Emily Jackson Close provides accommodation with personal care and support to 18 people with learning disabilities and physical disabilities. The accommodation is split into three bungalows with up to six people living in each one. Each bungalow is self-sufficient with its own kitchen, dining room, lounges and garden

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.

The provider had ensured there were sufficient numbers of staff available for people living at the service to pursue activities. Additional staff were allocated on days that trips away from the service were organised.

The provider had systems in place to protect people against the potential risk of abuse and harm. The registered provider had effective policies and procedures that gave staff guidance on how to report abuse.

Risks to people's safety had been assessed and actions taken to protect people from the risk of harm

Medicines were managed safely and people had access to their medicines when they needed them.

There was sufficient numbers of staff to provide care to people throughout the day and night. When staff were recruited, they were subject to checks to ensure they were safe to work in the care sector.

The provider had ensured that people lived in a safe environment by ensuring effective auditing systems were in place to identify when safety certificates were to be reviewed and by providing appropriate environmental risk assessments.

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 sufficient staff to ensure safe care and for people to pursue activities outside of the service.

Competent trained staff managed medicines safely.

People were protected against abuse as the provider had ensured effective safeguarding policies and procedures.

Risks were identified and staff were given clear guidance on how to mitigate risk.

1-3 Emily Jackson Close

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 focused inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act.

We carried out an unannounced focussed inspection of 1-3 Emily Jackson Close on 2 March 2016. One inspector carried out the inspection. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 29 July 2015 inspection had been made. We inspected this service in key areas against one of the five questions we ask about the service, 'Is the service safe?'

Before our inspection, we reviewed our previous report and the information we held about the service.

At this visit, we looked at the auditing and quality assurance records at the service, four people's care plans, environmental safety documentation and people's medication records. We spoke to four relatives, six members of staff and the regional director.

Is the service safe?

Our findings

People's relatives told us they believed that 1-3 Emily Jackson Close was safe. One relative told us, "She is completely safe there. There is appropriate equipment and all the staff know how to use it." Another relative told us, "Yes he is safe there. The staff are really good and know how to keep him safe."

At our previous inspection on 29 July 2015, the service was in breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found that there were insufficient numbers of staff deployed to meet people's social needs. At this inspection, the provider had made improvements and was no longer in breach of this regulation.

People were supported by staff to participate in activities that were important to them. Staff were deployed in a way that ensured there was always support available for people to pursue interests and activities whilst ensuring a safe amount of staff were available in the home to support people. The rota demonstrated that additional staff were arranged on days when external activities would take place. There was also a flexible member of staff available each day to cover staff if people expressed a wish to go out. During the day, each bungalow would have up to four members of staff available each day. At night, there would be one member of staff in each house and one sleep in to assist when required. The rota showed that there was use of bank staff to cover leave and unexpected absence.

People were protected against the potential risk of abuse as staff had received safeguarding training and could identify the types of abuse and how to appropriately react. One member of staff told us, "Safeguarding is about keeping people safe against all forms of abuse, if we have a concern we report it." Another member of staff told us, "I would report any concerns to the management I would also make sure that I completed all the necessary forms." The regional director told us, "All safeguarding are logged onto the system with the hard copy held at the service. These are reviewed on a regular basis. If a service gets flagged with a safeguarding a formal audit will take place the following month."

Risks to people's personal safety had been assessed and plans were in place to minimise risk. People had risk assessments that were personalised to their needs and these were reviewed on a regular basis and adjusted if a person's needs had changed. Risk assessment were personalised and provided staff with guidance on how to reduce the risk. There were risk assessments in place which included bathing, choking, falls, moving and handling. Staff were also given guidance on people's specific equipment and how it should be used. For example, one person had a powered wheelchair and there was guidance available to staff on how this should be clamped safely into mini bus for days out. Appropriate risk assessments were in place for specific equipment that included bed rails and walking aids. Those who had epilepsy had appropriate risk assessments in place and guidelines were given to staff on what to expect if the person was to have a seizure. There were also risk assessments available for specific activities that included hydrotherapy.

Environmental risk assessments were carried out along with annual servicing to ensure that people staying at the service were safe. These included the use of electrical goods, hazardous waste disposal, visitors, work equipment and lone working. The provider had ensured that all servicing of gas and electrical equipment

was up to date. Gas safety checks and portable appliance testing were completed annually and electrical installations were checked every five years and when required. We saw that an electrical installation test in December 2015 was unsatisfactory. Following the necessary works was rated satisfactory in February 2016. A fire risk assessment was carried out at the service yearly and no concerns were identified at the previous assessment September 2016. Fire equipment, alarms and emergency lighting were being checked through weekly and monthly health and safety auditing. Fire drills took place during day and night shifts and lessons learnt were being clearly documented. For example, it was noted that a person's specific wheelchair in one of the houses was difficult to get through a door on the way to the exit. This was communicated to staff.

People's medicines were being managed and administered safely. Medicines were stored in a locked cabinet in a locked room. Two members of staff would sign in and check out medicines when people used the service. A member of staff told us, "We check the stock for the medicines every day and these are signed by two members of staff." We confirmed that two members of staff were checking medicine stocks on a daily basis. We checked people's medication administration records (MAR) and staff were accurately signing who administered them. Only staff that have completed medicine training and had been checked by management were allowed to administer medicines. We checked a sample of medicines that had been supplied in boxes against the MARs. The amounts remaining in the boxes matched what was recorded as having been administered. Care plans contained information on people's allergies and an up to date list of their medicines. We also carried out stock checks on controlled drugs being stored at the service and there were no discrepancies identified. We observed a medication round and support was given in safe way and in line with guidance in people's care plans. For example, one person had their medicine given to them with yoghurt to assist them with swallowing. The member of staff sat with the person and told them what medicines they were having and if they wanted them before assisting.

The provider had ensured that staff were safe to work with the people they supported. We looked at three staff files and these included completed applications forms, two references and photo identification. Staff records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.