

# National Autistic Society (The) Echo Square House

## 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 4 December 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 Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Echo Square House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The Inspection was carried out on 21 February 2016 and was announced. We announced the inspection to ensure that the manager and person living at the service were available. The home is registered to provide accommodation and personal care for up to three people with learning disabilities and autism. The service is located in a town and supported three people at the time of inspection.

There was a registered manager employed at the home. 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 were safe. Staff understood the importance of people's safety and knew how to report any concerns they may have. Risks to people's health, safety and wellbeing had been assessed and plans were in place which instructed staff how to minimise any identified risks to keep people safe from harm or injury.

There were suitable arrangements in place for the safe storage, receipt and management of people's medicines. Medicine profiles were in place which provided an overview of the individual's prescribed medicine, the reason for administration, dosage and any side effects.

There were sufficient staff employed to meet people's needs and staff knew people well and had built up good relationships with people. The registered provider had effective recruitment and selection procedures in place.

## 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.

We found that action had been taken to improve safety. Recruitment practices were safe and the breach at the previous inspection around recruitment had been met.

People were protected from avoidable harm and abuse by staff who understood their responsibilities under safeguarding.

Risk assessments were comprehensive and reduced hazards.

Staffing numbers met people's needs safely and people received their assessed level of support.

Medicines were managed safely and stored and administered within best practice guidelines.

# Echo Square House

## **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. We carried out an unannounced focussed inspection of Echo Square House on 21 February 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 4 December 2015 comprehensive inspection had been made. The team inspected the service against one of the five key questions we ask about the service: is the service safe? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. This inspection took place on 21 February 2017 and was announced. The provider was given 48 hours' notice because the location is a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

As part of the inspection we spoke with a support worker, one relative and the registered manager. We looked at a range of records relating to the safety of the service including health and safety documents, fire safety, medicines records, staffing rotas, and safeguarding documents.

# Is the service safe?

## Our findings

People were safe living at Echo Square House. One relative told us, "I know my son is safe there: he is assessed regularly and looked after. When I visit and go in to the town with him people in shops will ask me 'are you X's mum' and they tell me they know him and keep an eye on him. I know he's known and staff will shadow him." One staff member told us, "The service is safe as there are always staff here. People aren't left on their own and staff sleep in at night time."

At our previous inspection on 4 December 2015, the provider was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider had not established and operated effective recruitment procedures. At this inspection, improvements had been made and the service was now compliant with the regulations.

One staff member who had previously had a gap in their employment history had provided a full employment history. We saw the staff files for three permanent members of the staff team. Each person had a full employment history and there were staff photos available in the service. Criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. The registered provider had consistently tracked the employment history of each newly recruited person to maintain the safety of the recruitment process. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. References had been taken up before staff members were appointed and references were obtained from the most recent employer where possible.

People were protected against the risks of potential abuse. The service had a National Autistic Society (NAS) policy on reporting incidents and an NAS safeguarding policy with up to date information, including new types of abuse such as modern slavery. The safeguarding file had a NAS whistle blowing policy and guidance on how to raise a concern with CQC. Staff members received training in safeguarding and we saw competency checks that the registered manager had signed off for each staff members to ensure that they had understood the training and how to recognise record and report safeguarding concerns. There was an extensive safeguarding risk assessment completed by the registered manager that covered a comprehensive range of potential hazards and identified control measures to reduce risks. An easy read safeguarding policy and document explaining how to report concerns were available to people. The registered manager informed us that there had been no safeguarding alerts raised since our previous inspection.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. We reviewed the personal risk files for three people and saw that the registered manager had implemented a system where positive risk taking was encouraged. For example, one person wanted a friend to stay over at night time. The registered manager had assessed the risk and put measures in place to ensure that known hazards could be minimised and the person's friend could stay the night safely. All risk assessments were in date and had effective control measures in place to reduce potential hazards. Emergency evacuation plans were in place to ensure that people could be evacuated safely from the building in the event of an emergency such as a fire. We viewed environmental and general risk assessments covering multiple areas

such as swimming, or safe medicines storage and all of these assessments were effective, signed and in date.

Environmental risks were being managed effectively through regular monitoring and checks conducted by the registered manager. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. The registered manager ensured that general risks such as slips and trips were regularly assessed. Regulatory risk assessments were completed to reduce hazards around manual handling, Control of Substances Hazardous to Health (COSHH) and food safety. Each risk assessment identified the risk and what actions were required of staff to reduce the risk. Fire safety was managed effectively with regular servicing of equipment and weekly alarm tests and regular fire drills which reported on the outcome of each drill.

There were sufficient staff to meet people's needs and people told us that there were sufficient staff to support people. One relative told us, "As far as I can see they have got adequate cover for staffing. I know they got extra hours for one person who needed it." One staff member told us, "The staffing levels are good and shifts get covered between us." The staff rota showed that there was a three to one ratio between people and staff. Staff start their shifts in the afternoon when people return from their day services and work through to the night time where they sleep in the service. During weekends staff work all day at the service.

There were safe medication administration systems in place and people received their medicines when required. One staff member told us, "Medicines are managed safely here. We have on-line training and then have an assessment with the manager who watches us administer medicines and then we answer questions in an assessment." There was a medicines file containing all information relating to people's medicines. Each person had a medicines profile with a photo and information about the dosage and name of medicines as well as information about any allergies. We checked three people's medicines administration record (MAR) charts and found that all medicines had been signed correctly in to the service and audited. All medicines had been signed as administered when given to people. When people took their medicines away to visits they had been signed in and out of the service. The service had a copy of the National Institute of Clinical Excellence guidance for managing medicines in care homes. There were blank medicines error forms in the file should staff make a mistake and copies of staff competency checks.