

Abbey Park House

Abbey Park House

Inspection report

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Tel: 01214424376

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26 May 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 October 2015. After that inspection we received concerns in relation to the safety of the service. As a result we undertook a focussed inspection of this service on 26 May 2016 to look into these concerns. This report only covers our findings in relation to the key question, 'SAFE'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey Park House on our website at www.cqc.org.uk.

Abbey Park House is registered to provide personal care and accommodation for up to 25 older people. At the time of our inspection 24 people were living at the home.

The home had a registered manager but they were unavailable on the day of the inspection. We spoke with the deputy manager during our inspection. 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.

There were ineffective systems in place to minimise risks associated with peoples' care. Risk assessments and care plans had not been updated sufficiently to aid staff and ensure consistent care was provided. Where peoples' needs had changed supporting documentation had not reflected these. Staff knew how to safeguard people from potential harm and abuse.

The systems in place to ensure safe storage and disposal of medicines that were no longer needed were not effective.

People and their relatives told us there were sufficient numbers of staff to meet people's individual needs. The registered providers' recruitment process was robust to ensure suitable people were employed.

You can see what action we told the provider to take at the back of the full version of this report.

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.

People who used the service were placed at risk because the provider did not have safe systems in place to reduce the risks associated with their care.

The storage of medication that was awaiting return to the pharmacist was unsafe and insecure.

People were supported by adequate numbers of staff and staff that responded to their needs in a timely manner.

Requires Improvement 

Abbey Park 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. 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focussed inspection of Abbey Park House on 26 May 2016. This inspection was carried out due to information of concern that we had received about the safety of the service. We inspected the service against one of the five questions we ask about services: is the service safe.

The inspection team consisted of two inspectors.

As part of the inspection we looked at the information we had about this provider, including notifications that had been sent to us.

During the inspection we met and spoke with some people who lived at the home. We also spent time observing day to day life and the support people were offered. We spoke with one relative of a person who lives at the home and one visiting health care professional during the inspection to get their views. In addition we spoke with the deputy manager, one senior care assistant and four care staff.

We sampled some records including three people's care plans and one medication administration record to see if people were receiving their care as planned and safely.

Is the service safe?

Our findings

Prior to our inspection we had received information that indicated when there had been changes to people's support needs the new needs had not been assessed or acted on and this failure meant that people were not being well supported.

At our last inspection in October 2015 we found that staff knew about individual risks to peoples' health and well-being and how these were to be managed. At this inspection we saw that risk assessments had been completed for people when they moved into the home. However, we found the identified risks to people were not consistently managed. All the staff we spoke with were able to describe how they followed risk management plans. However, we found peoples' care plans and supporting documents did not reflect the current risks and needs people were experiencing. For example all the staff we spoke with told us about a recent incident that had occurred for a person living at the home. We found no indication that this incident had been considered and used to make changes in the person's care plan. There was no reference to the incident in the person's daily notes. There was no evidence of short term care plans to ensure treatment and support was consistently provided. We saw one person receiving a food supplement but there was no evidence of this in the persons care plan. Staff were inconsistent in when the person was offered the meal supplement and failed to assess the impact on the person aptitude from offering the supplement immediately prior to meal times. Staff told us that one person was at risk of dehydration and we saw that fluid charts were in place to record the consumption of fluid. Daily totals of the fluid consumed by the person were not evaluated or recorded and staff were not aware if the person had consumed enough to maintain good health and remain hydrated. We saw that people sitting in the lounge areas were offered drinks at regular intervals .

At our last inspection in October 2015 we found that staff knew what constituted abuse and what to do if they suspected someone was being abused. At this inspection we found that staff continued to be aware of their responsibilities to safeguard people from potential harm. All the staff we spoke with told us about a recent safeguarding concern and what action had been taken to address these issues. This meant that the registered manager had shared information in an open and transparent way so staff could share and learn from incidents.

During our visit we observed people being supported to move with the use of walking aids. We saw staff made sure peoples' specific aids were placed within easy reach of people. We saw good interaction between staff and people. On the day of the inspection we were advised that people living at the home did not require specialist equipment to support them to move. We spoke with staff about moving and handling. Staff described ways in which they had undertaken moving and handling activities for one person living at the home. Staff confirmed that they had up to date moving and handling training which included the use of the hoist. One member of staff told us, "When I did my hoist training, I had to actually have a go in the hoist to experience what is like for people who use them." The staff member shared detail of this experience to demonstrate that they valued knowing what it felt like for a person to be supported in this way.

Staff we spoke with confidently described the procedure for reporting accidents and incidents. One member of staff we spoke with told us, "All accidents are reported and recorded." We asked staff how they would respond to a fire emergency. All staff were able to describe what actions they would follow and were consistent with their responses.

We observed that staff were available in communal areas and responded to people's request for support. A relative we spoke with told us, "There are always enough staff around when I visit. We can get instant attention." A member of staff said, "I don't feel under pressure when supporting people. There are plenty of staff." At our last inspection in October 2015 people who used the service and staff also told us then that there were sufficient staff available to meet people's needs.

We reviewed the provider's recruitment process during our last comprehensive inspection in October 2015. We found systems were robust to ensure there were systems in place for the safe recruitment of staff. We had received no additional information to suggest that this situation had changed. We did not look at staff recruitment during this focussed inspection.

At our last inspection we identified that some improvements were required to the management and administration of medication. At this inspection we looked at the systems in place around the storage of medications and at the systems in place to manage old or unwanted medication. We found surplus amounts of medicines that had been identified as needing to be returned to the supplying pharmacist were not being stored securely. We observed people walking into the room where the medicines were being stored loosely in large crates. This meant that there was the potential for people to have authorised access to these surplus medications. We brought this to the attention of the deputy manager who advised us that they would rectify this immediately. We looked at the procedure in place for the safe disposal of surplus, unwanted or expired medicines. We found there was an inconsistent system for returning these medicines. Shortfalls in the arrangements to dispose of and securely store medicines were identified. The unsafe system in place was brought to the attention of the deputy manager.

The issues relating to the failure to safely store and dispose of old or unwanted medications and the failure to ensure that risks were well managed represented a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to safely store and dispose of old or unwanted medications and failed to ensure that risks were well managed.</p> <p>The provider did not have robust systems in place to monitor the safe care and treatment of the service. Regulation 12 (2) (b) (g)</p>