

Leicestershire County Care Limited

Abbey House

Inspection report

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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 14 and 15 December 2016. A breach of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found. The provider sent us an action plan setting out how they would address the breach.

We carried out a focused inspection of this service on 3 May 2017 which was unannounced. We checked that they had followed their action plan and to confirm that they now met the legal requirement. This report only covers our findings in relation to 'Safe'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey House on our website at www.cqc.org.uk

A registered manager was 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.

People received their medicines at the right times, as prescribed. The provider had changed to a new electronic medicine administration and management system that they had assessed to be safer. The registered manager and senior staff had been trained and their competency had been assessed. We found medicines were stored, administered and managed safely. Staff had clear information and guidance to follow to ensure people's health needs were met. The electronic administration systems enabled the registered manager to monitor stock levels, ensure people received their medicines at the right time and alerted them when staff attempted to administer medicines incorrectly. Further action was needed to demonstrate the improvements made were sustained.

We found improvements had been made to the premises. All areas of the service were kept clean and hygienic. Staff followed infection control and prevention procedures to maintain people's health and safety. The laundry room was clean and the equipment was working which helped to ensure people had clean clothes to wear.

People told us that there were enough staff to meet their needs and respond in good time. Staff told us that they had clarity in their roles and responsibilities. The management and deployment of staff had improved and effective monitoring helped to ensure people needs were met.

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 mostly safe.

People received their medicines as prescribed. Medicines were stored safely. The new medicine management and electronic recording of medicine were safe. The registered manager and senior staff were trained to safely administer and complete the records. The registered manager had audited medicines stock levels. Improvements made to the premises, the laundry system and staff following infection control and prevention procedures ensured that people lived in a safe, clean and hygienic environment. There were enough staff available and deployed effectively to meet people's needs without delay. Ongoing monitoring was needed to ensure the improvements were sustained.

Requires Improvement 

Abbey House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Abbey House on 3 May 2017. This inspection was done to check that improvements had been made to meet the legal requirement with regards management of medicines, infection control and prevention and how staff were deployed to ensure people's needs were met safely.

We inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some legal requirements.

The inspection was carried out by one inspector.

We reviewed the information we held about the service and the notifications. A notification is information about important events and the provider is required to send us this by law. We reviewed the provider's action plan sent to us following our last inspection which outlined the improvement they planned to make.

Before the inspection we looked at the information we had about the service including the notifications about events that affect people's health and safety that providers must tell us about. We looked at the provider's action plans sent to us following our last inspection of the service. We contacted commissioners responsible for the funding of some people's care that use the service for their views about the quality of care provided.

At this inspection we spoke with the registered manager, the senior staff member, a member of care staff, two housekeeping staff and the maintenance staff. We also spoke with the area manager who supports the registered manager and conducts quality assurance checks on behalf of the registered provider. We spoke with three people who used the service and a relative.

We looked at the care records for five people, which included their care plans, risk assessments and medicine records. We looked at a member of care staff's induction and the staff training information, handover meetings, some policies and procedures, maintenance records of the premises and equipment and other records relating to how the provider monitored the service.

Is the service safe?

Our findings

At our previous inspection of Abbey House on 14 and 15 December 2016 we identified issues which had put people's health, safety and wellbeing at risk. We found people's medicines were not stored, managed and administered safely. The laundry equipment was not working which had resulted in people not having clean clothes to wear. We found staff had not consistently followed infection control practices which put people's health at risk. We also found staff were not effectively deployed and monitored to ensure people received the support they needed in a timely manner. That meant people's health could be at risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which outlined the improvements that would be made to ensure people safety was maintained.

At this inspection we found improvements had been made. People told us that they received their medicines at the right time. One person said, "I've got no problems here. I had clean clothes in my room, I get my medicines when I need them and the staff help me when I need them." Another person told us, "The issue with the laundry was resolved after your last visit. Everyone including the staff seem to be quite happy, it's a pleasant atmosphere now." A relative told us their family member's health had improved and said, "I want to say thank you to the staff. They have made [person's name] feel safe and have cared for [them]."

The provider had changed to a new medicine administration system that they had assessed to be safer. An electronic recording and monitoring unit alerted staff and the registered manager to any errors or misadministration of medicines. Medicines were stored safely and arrangements were in place for the disposal of medicines that were no longer required. The registered manager told us that maintenance staff were replacing the wall mounts so that the new medicine trolleys could be secured to the wall and stored safely. The maintenance staff showed us the new wall mounts that had been delivered that they were due to fit.

At the time of our inspection visit no one had been prescribed eye drops. The senior staff member told us they would write the date when the medicine had been opened as these items only have a shelf life of 28 days. We found only medicines that needed to be refrigerated were stored in the medicine fridge. Daily temperatures were recorded for the medicine room and the medicine fridge. The provider's medicines management policy was based on the latest guidance about the safe storage, administration and management of medicines.

The registered manager and senior staff responsible for administering medicines were trained in the medicines management and had their competency assessed to ensure they remained safe. Certificates viewed confirmed that the staff were trained to use the electronic units to safely administer and record when people had taken their prescribed medicines.

We observed part of a medicines round and saw that the senior staff member followed the correct practice. The medicine trolley was locked when it was left unattended. They explained to people what their medicines were for and observed that the medicines were taken. They showed us how the electronic

medicine administration record was completed to confirm that the medicines had been taken. If a person refused their medication this was recorded and a reason had to be entered. The senior staff member told us that this enabled them to monitor people's health effectively and when required would seek medical advice.

The senior staff member showed us the range of information on the electronic unit. Each person had a medical profile containing their photograph, any known allergies and their GP. Protocols were in place and provided staff with clear guidance about the administration of medicines as pain relief. Staff had clear information about where the prescribed topical creams should be applied.

People's care plans had clear guidance for staff to follow in order to support people with their medicine. For people who were prescribed topical creams, a body map detailed where the topical creams should be applied. Each application had been documented. This showed that staff followed people's medicines care plan.

The registered manager told us that they and the lead senior staff member had completed training to monitor and audit stock levels and the administration records. The registered manager had completed a medicine audit that morning and found no errors or omissions. They told us that reports generated confirmed people received their prescribed medicines at the right time. The system also monitored the medicine stock and included alerts such as attempted administration of the wrong medicine.. This meant that people could be assured their medicines were administered and managed safely.

We asked people whether there were enough staff to meet their needs. One person said, "Yes, there's enough staff. If I need to use the toilet at night I use the buzzer and someone comes within minutes." Another person said, "I don't need much help but it's nice that staff have time to talk to me if I feel down." A relative said, "There's always staff around if you need anything. They look after my [family member] very well."

Our observations showed there were sufficient numbers of staff on duty to provide care and support to people. Staff were visible to people and responded to meet their needs. A staff member said, "I feel we are more organised. Everyone gets the help they need and we have time to spend with them [people using the service]." The senior staff member said, "We are all here to care. We are more organised and work well together now. There is more clarity in staff's roles and areas of responsibility. As a senior I check that the staff have done what is expected of them. They know that the seniors will follow-up if things are not done. The domestic staff check with the senior what needs doing at the start of each shift. It's working well." They also showed us the staff handover meeting document. It contained updates for each person who used the service and the deployment of staff with key responsibilities such as administering medicines. It also noted any outstanding actions that needed to be followed up such as order a delivery someone's prescribed medicines and cleaning. This showed that a system was in place to organise staff and manage staff in order to meet people's needs and to keep them safe.

The registered manager told us that more permanent staff had been employed. There was a clear staffing structure and staff understood their roles and responsibilities. The registered manager reviewed the staffing levels regularly to ensure people's needs were met safely. The staff on duty reflected the staff rotas and showed that staff absences had been covered. That meant people could be assured there were enough staff to meet their needs safely.

We saw that the laundry room was kept secure. The faulty laundry equipment had been replaced and all were in good in working order. The laundry room was clean and tidy. The laundry staff told us that they had been supported to ensure people had clean clothes, bed linen and towel. We saw the laundry staff returning

people's clean clothing to their room. This showed that the people had clean clothes to wear.

People told us that they had clean clothes to wear and the housekeeping staff cleaned their rooms regularly. One person said, "The staff have been wonderful to me. I don't need much help but they do wash and iron my clothes."

Housekeeping staff were cleaning individual rooms and throughout the day including dealing with spillages in the dining room following the lunchtime meal service. Bathrooms, toilets, all the communal areas and the rooms we looked at were clean and free from any offensive odours.

The provider's infection control policy and procedure had been updated and provided clear guidance to staff in the use of protective clothing. We saw staff wore protective gloves and aprons before they assisted people with personal care needs. Staff we spoke with described the infection control practices they followed which was consistent with the provider's procedure. This showed that people could be confident that they would be protected from the risk of a contagious disease or infections.

The senior staff member we spoke with had the lead responsibility for hygiene, cleanliness and infection control and prevention. They managed the housekeeping staff and met with the staff on a daily basis to help ensure the premises were kept clean and tidy. They along with the registered manager conducted daily visual checks to ensure the premises were kept clean and that the improvements had been sustained to promote people's health.

Cleaning schedules were in place which covered all areas of the services. However, gaps and missing entries indicated that some of those areas had not been cleaned. The health and safety and infection control audit had identified a number of areas that required remedial action. However, there was no information as to who was responsible for addressing the issues and the target date for the improvement to be completed by. When we raised this with the registered manager and the area manager, they assured us action would be taken. Following our inspection visit they sent us the revised health and safety and infection control audit tool. This had additional information as to the issues found and an action plan which supported the registered manager and the area manager to monitor the improvements. That showed systems were in place to ensure people lived in a clean and a well maintained environment.

We contacted the local authority responsible for the service they commissioned on behalf of some people and asked for their views. They conducted a quality monitoring visit in February 2017 and had no concerns in relation to medicines management, staffing or infection control and prevention.