Abbeville RCH Limited

Abbeville Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**

Overall summary

We carried out an unannounced focused inspection of this service on 15 July 2015. At that inspection, a continued breach of legal requirements in relation to the management of people's medicines was found as was a lack of effective systems in place to make sure that people received their medicines safely. We wrote to the provider and registered manager and told them they had to meet these requirements by 7 September 2015.

We undertook this unannounced focused inspection on 1 October 2015 to check that the required improvements had been made. This report only covers our findings in relation to this requirement. The area we looked at was under the relevant key questions of; is the service safe? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeville residential care home on our website at www.cqc.org.uk.

Abbeville Residential Care Home is a service that provides accommodation and care to older people and people living with dementia. It is registered to care for up to 38 people. At the time of this inspection, there were 35 people living at Abbeville.

This service requires a registered manager to be in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 is a registered manager in place at Abbeville Residential Care Home.

Summary of findings

We found that a number of improvements had been made but that the provider remained in breach of the legal requirements in relation to the safe management of people's medicines.

People's medicines were stored safely and securely so that they could not be tampered with or removed and records indicated that the majority of people received their medicines when they needed them. However, one person did not receive their medicine when they should have done which placed them at a risk of harm. Therefore, not everyone's medicines were being managed safely.

Systems had been reviewed and improved in relation to the management of people's medicines.

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

Summary of findings

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 consistently safe.

People's medicines were stored safely and staff had been trained how to give people their medicines competently. However, people did not always receive their medicines when they needed them.

Systems were in place to monitor how people received their medicines.

Requires improvement

Abbeville Residential Care Home

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 an unannounced focused inspection of Abbeville Residential Care Home on 1 October 2015. This inspection was carried out to check that improvements to meet legal requirements had been made following the issue of a warning notice to the provider and registered manager after our inspection of the service on the 15 July 2015. The service was inspected against one of the five questions we ask about services: is the service safe? The inspection team consisted of one inspector who specialised in medicines management.

On the day we visited the service, we spoke with the senior carer and the registered manager.

We looked at sixteen people's medicine records and staff training records in relation to medicine management.

Requires improvement

Is the service safe?

Our findings

During our last inspection in July 2015, we found that there had been a breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was due to some people's medicines not being stored correctly and people not receiving their medicines as intended by their GP. We also found that there was a lack of information to guide staff on when they should give people 'as and when' needed medicines and that the systems in place to make sure that people received their medicines safely were not effective. At this inspection, we found that some improvements had been made but that the provider remained in breach of one of the Regulations.

During the inspection, we looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines.

We found that the staff authorised to handle and administer people's medicines had received training, and had been assessed as competent to do this. People's external medicines such as creams were being stored securely for people's safety and there were charts in place to record the application and removal of skin patches to assist staff to apply them correctly. Where people were unable to verbally communicate if they were in pain, guidance was now in place to help staff recognise when these people were experiencing pain so they could give them some medicine in respect of this. There was now clear supporting information in place to guide staff on when to give people medicines that had been prescribed to them on an 'as and when' basis.

At the last inspection, we found that people's medicines were not being stored safely as the temperature of the room they were in had regularly exceeded the recommended temperature. We found that improvements within this area had been made and that a new air conditioning unit had been installed where the medicines were kept. The temperature of the room was being regularly monitored and was found to be within acceptable levels.

The majority of medication records confirmed that people had received their medicines as intended by the person who had prescribed them. However, we found that one person had been placed at risk of harm. This was because the charts that listed their medicines had not been properly and accurately set up and transferred from the previous month's cycle of medicines to the new cycle. This resulted in them missing two of their oral medicines on the morning of the inspection and of being at risk of having a pain-killing skin patch incorrectly applied before the scheduled time.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Improvements had been made in the auditing of people's medicines. The registered manager was performing these audits regularly. We saw that any identified issues had been actioned appropriately. However, the system to check that people's medicine details had been transferred accurately from one cycle to the next had failed leaving one person at risk of harm. We raised this with the registered manager who immediately reviewed the system and made changes to it to reduce the risk of this error from happening again. We were therefore satisfied that there were effective systems in place to monitor the administration of people's medicines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The risks in relation to people's medicines were not being managed safely. Regulation 12 (1) and (2) (b).**