

Europe Care Holdings Limited

Abraham 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 31 January 2017, at which two breaches of Regulation 12 (Safe care and treatment) were found. This was because the provider did not have adequate medicine management and administration systems in place at the service and systems for assessing and managing risks were not robust.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulations. We carried out this unannounced focused inspection on the 03 August 2017 to check they had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Abraham House' on our website at www.cqc.org.uk.

Abraham House is a residential care home providing personal care for a maximum of 30 older people living with dementia. The accommodation is over two floors with a passenger lift to both floors. There are 26 single rooms and two double rooms. Communal areas comprise of two lounge areas, a conservatory and a dining room. There is an enclosed garden and a car park.

The service had a registered manager 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.

At our focused inspection on the 03 August 2017, we found improvements had been made. We found the registered provider had employed a business manager to work alongside the registered manager in the day-to-day running of the home. New processes had been introduced to monitor, assess and minimise risks to people. For example, incidents and accidents were discussed at daily staff handover meetings.

Medicine management policies and procedures had been reviewed. New systems had been introduced to manage medicines safely.

Recruitment procedures the service had were robust and safe The procedures were audited regularly to ensure good practice standards were maintained.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found action had been taken to improve the safety of the service.

Action had been taken to improve the assessment and management of risk. Incidents and accidents were discussed at daily staff handover meetings. New processes had been introduced to monitor, assess and minimise risks to people.

Medicine management policies and procedures had been reviewed. New systems had been introduced to manage medicines safely.

Recruitment procedures the service had were robust and safe.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Abraham 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 undertook an unannounced focused inspection of Abraham House on 03 August 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 31 January 2017 comprehensive inspection had been made. The team 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 team consisted of an adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included the registered manager, business manager and two staff. We checked documents in relation to four people who lived at Abraham House and two staff members.

Is the service safe?

Our findings

At our comprehensive inspection of Abraham House on 31 January 2017, we found there were shortfalls in the risk management processes and reviews of risks assessments after accidents and incidents. Whilst the care records we reviewed showed that risk assessments had been written, the information they contained did not always reflect the level of risk associated with the individuals. This meant their risk assessments were inaccurate and did not reflect people's current needs.

We asked about how the management of risk at Abraham House had improved since the last inspection. We noted the registered provider had introduced the role of business manager within the management team. The business manager told us they were employed to work in partnership with the registered manager and review systems and processes within the home. Both the business manager and registered manager told us they were working well together.

The business manager told us they had reviewed the daily staff handover meeting. They told us, "We don't need to talk about everyday occurrences; we do need to talk about risks and falls." They further commented, "Handover is such a key part of the day, we talk about any falls in the last seven days and any incidents in the last two days."

One member of staff told us, "The handover meetings have changed, we talk more about incidents and who is unsettled, this way is better." A second staff member also commented on the handover meetings, "Accidents and incidents are discussed daily to make staff aware. We reiterate the risks; it's a good way of reviewing."

The documentation around the coding of accidents and incidents had changed and expanded. Previously there were six categories related to accidents and incidents these had been expanded to 11 categories. For example, they now included bruising, found on the floor and absconding. We asked why they had expanded the categories and the business manager told us, "Previously the categories were too vague. We like to be open and honest; if it's happening I want it recorded."

Care records were colour coded using a traffic light system. Red care plans alerted staff to who was at high risk of falling and who had a history of falls. We spoke with staff that were able to tell us how the traffic light system worked. We looked at care plans and noted the traffic light system was in place.

We looked at monthly and six monthly audits related to accidents and incidents. We noted accidents and incidents were analysed with 'action/learning' identified to minimise risk. We saw one month had a significantly higher number of incidents. These were related to one person and the appropriate specialist advice and guidance was sought. A second person had had several falls. We noted the falls team were contacted and specialist equipment acquired to help staff manage the risk. This showed the registered provider now had a system to collate and act on information to minimise risk and keep people safe.

As part of our inspection, we looked at how the registered manager managed additional risks within the

service. In one care plan, we noted the person had diabetes. Symptoms were identified to alert staff should the person's health deteriorate. A second person had been identified as having a poor diet. Their care plan guided staff to be aware they were a slow eater required a fortified diet and had a sweet tooth, should their appetite need to be encouraged.

We saw there was an up to date fire evacuation plan. Each person living at Abraham House had a personal emergency evacuation plan (PEEPs). The business manager told us they could access each person's PEEP from a mobile phone. They told us information on a PEEP can go out of date really quickly and by using a mobile phone they could access the most recent information quickly. We were made aware during our visit that 15 staff members were to attend fire marshal training the following week. The business manager told us, "The training is important, I want everyone knowing what they are doing. It can make a difference for people."

The registered manager told us they had environmental checks to monitor and assess risks around the home. We saw records related to the boiler and heating, emergency lighting and fire alarms. The registered provider had employed an outside agency to check for legionella each month. This showed the registered provider had structured processes to assess and minimise risk and keep people safe.

At our previous inspection in January 2017, we looked at how medicines were managed and administered. We saw medicines were stored securely in locked treatment rooms and access was restricted to authorised staff. Controlled drugs were stored in suitable locked cupboard and access to them was restricted with appropriate checks in place. Medicines audits (checks) were in place and we saw monthly checks carried out by the registered manager and regular audits by the local pharmacist. However, we found topical medicines, such as creams were not well managed. We also noted medicines disposal practices were not effective and did not follow the home's medicine disposal policy and best practice.

At this inspection, we found the administration of topical creams was still under review. The registered provider had recently changed the way the application of creams is documented. One staff member told us, "It is more streamlined, more effective." The registered manager had also enrolled staff on additional training to enhance their knowledge around the administration of medicines and creams. In response to our previous inspection, the registered provider had introduced a safe system to manage the disposal of medicines. We saw this was in place and operational. This showed the registered provider had reviewed systems to ensure the management of medicines was safe.

During our last inspection, we looked at how the registered provider recruited staff. We found records were not present to demonstrate that interviews had taken place prior to them being offered employment and that people's identity had not been verified. We made a recommendation that the registered manager consider current best practice and guidance, seek advice and guidance from a reputable source in respect of safe recruitment. Following that inspection, we were provided with signed statements from new staff stating that they had been interviewed.

At this inspection, we read an application form and additional documentation from a candidate that had been interviewed the day before we visited. On the day of our inspection, interviews were taking place to recruit new staff. We spoke with both the registered manager and business manager regarding recruitment and selection. They told us a structured interview process had been introduced. We saw evidence that staff files had been audited around recruitment. They looked at interview notes, references application forms and if I.D. confirmation was present. Both staff we spoke with confirmed they had an interview prior to starting their employment. Both staff confirmed references and all appropriate safeguarding checks were sought before they started working at Abraham House. This showed the registered provider had a robust system in

place to ensure staff recruitment was safe.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.