

Abbey Park House

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Inspection report

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Tel: 01214424376

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16 May 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 4 and 5 January 2017. During that inspection we found the provider continued to be in breach of the regulation related to governance. This was because the systems in place to monitor and improve the quality of the service provided were not effective in ensuring the home was consistently well-led and compliant with regulations. Audits and analysis of incidents, feedback from people and outcomes from reviews had not been undertaken or were ineffective and had not been used to identify developments and improvements that were needed.

After our comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the continued breach of regulation. We also met with the provider to discuss our concerns about the service and to hear about the improvements they planned to make. As a result we undertook an unannounced focused inspection on 16 May 2017. This report only covers our findings in relation to the key question, 'WELL-LED'. 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 23 people were living at the home.

At this focused inspection we found that although improvements had been made and the registered provider was no longer breaching this regulation further action was still required.

There was not a registered manager for the service. There had not been a registered manager since August 2016. The previous deputy manager had been promoted to manager and they told us they were in the process of becoming registered. We saw they had submitted their application to register. We spoke with the 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.

We found that whilst there were some systems in place to monitor and improve the quality and safety of the service provided, these were not always effective in ensuring the service was consistently improving and compliant with the regulations. The registered provider had developed systems to record all accidents and incidents that had occurred at the home. However the records did not evidence that a detailed analysis had been carried out. People and staff considered the home to be well-led and the manager was described as approachable and supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not consistently well-led.

Record keeping and systems to monitor and improve the quality of the service people received needed further improvement.

People were complimentary about the manager and described her as approachable and supportive.

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 focused inspection of Abbey Park House on 16 May 2017. This inspection was conducted to check that improvements to meet specific legal requirements, as planned by the registered provider following our inspection on 4 and 5 January 2017. We inspected the service against one of the five key questions we ask about people's care: 'Is the service well-led?' This was because the service was not meeting some legal requirements.

This inspection was unannounced and was conducted by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We asked the local authority and Healthwatch if they had any information to share with us about the care provided by the service. As part of our inspection we also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths, safeguarding matters and injuries occurring to people receiving care. In addition we reviewed information the provider had sent us in response to our last inspection which outlined the action they planned to take to comply with regulations. This information helped us to plan our inspection.

During the inspection we met and spoke with the care manager and three members of care staff. We spoke with six people who used the service and one visiting health professional. We sampled records; including four people's care plans to see if people were receiving their care as planned. We also sampled the providers systems for monitoring and improving the quality of the service.

Is the service well-led?

Our findings

At our last comprehensive inspection on 4 and 5 January 2017 we identified a continued breach of regulation 17 in respect of good governance. This breach had been identified during an inspection on 21 and 22 October 2015. At the January 2017 inspection we found the systems in place to monitor and improve the quality of the service provided were not effective in ensuring the home was consistently well-led and compliant with regulations. Audits and analysis of incidents, feedback from people and outcomes from reviews had not been undertaken or where they had been undertaken they were ineffective and had not been used to identify developments and improvements that were needed. Following that inspection the registered provider submitted an action plan indicating when the issues raised would be addressed.

At this inspection in May 2017 we found that the care manager had implemented the action plan submitted by the registered provider. Some improvements had been made and they were no longer in breach of regulation. Although the care manager described what improvements were still needed and planned there was no written improvement plan in place to monitor their progress. This would ensure that the service continued to develop and improve and would identify current priorities for the home.

At our last inspection in January 2017 we found that the registered provider had failed to set up systems to review or monitor any incidents and accidents or use information they gained to analyse trends which could prevent the likelihood of negative experiences for people recurring. Following our inspection in January 2017 the registered provider submitted an action plan indicating that they would be compliant with all regulations by April 2017. At this inspection in May 2017 we found the registered provider had developed systems to record all accidents and incidents that had occurred at the home. However the records did not evidence that a detailed analysis had been carried out. There was a risk that the registered provider might not learn from people's experiences in order to take action to prevent similar concerns from happening again.

At our last inspection in January 2017 we found that the management of risks were not being audited to identify action that could be taken when safety or quality had been compromised. At this inspection in May 2017 whilst we found that some improvements had been made, further improvements were required. For example, although we were told that staff competency had been assessed in regards to insulin administration, staff competency to administer other medication had still not been checked to ensure medicines were being administered safely. As part of the fire risk assessment we saw that personal evacuation plans had been completed for most people, however, the staff we spoke with were not aware of the plans in place. We found the identified risks to people were not consistently managed. We found two peoples' care plans and supporting documents did not reflect the current risks and needs people were experiencing. Whilst staff described how to support one person on a daily basis we noted that the person's care records had not been updated to reflect that they needed to be supported by two members of staff when their condition had changed.

At our last inspection in January 2017 we found that the complaints procedure in place had not been reviewed. At this inspection in May 2017 we were advised that the complaints procedure had been updated.

However when we reviewed this document we found that whilst new information had been inserted in relation to contacting the Care Quality Commission (CQC) there were still references to out of date information. In addition there was no reference to Local Authority or the ombudsman. The care manager advised us of their intention to rectify the concerns identified.

At our last inspection in January 2017 we found that whilst some audits had been completed, these were not always effective. At this inspection in May 2017 we found although the registered provider had taken action to improve how they monitored the quality of the care people received, some of the audits remained ineffective. For example, we sampled two people's medicine records and found gaps in the recording of the administration of prescribed medicines. We could not ascertain if the people had or had not received their medicines, as prescribed. The care manager told us that this medicine was not always needed for the person but they had not arranged for a review of the medicine with the GP. On another person's medicine records a prescribed medicine had been missed off the medicine administration record (MARs). However the care manager told us this medicine had not been needed by the person as it was prescribed 'as required.' Although we did not find evidence that these shortfalls had impacted on people's safety, maintaining accurate records and completing robust audits would ensure that all people receive their medicines as prescribed.

There was not a registered manager for the service. There had not been a registered manager since August 2016. The previous deputy manager had been promoted to care manager and they told us they were in the process of becoming registered and had submitted their application to register. We identified that there had been no valid application received at the time of the inspection.

Our inspection visit and discussions with the care manager identified that the registered provider were not keeping themselves up to date with changes, developments and requirements within the care sector. There was a lack of understanding within the home of what it meant to deprive someone of their liberty. The registered provider had not attempted to contact the Local Authority for an update on the progress of submitted Deprivation of liberty (DoLS) applications and was not aware they needed to notify the commission once an authorisation had been approved. Audits had not been effective to highlight staffs lack of knowledge and understanding regarding mental capacity.

We saw evidence that some improvements had taken place in respect of the environment to support people living with dementia. However further improvement was planned to ensure documentation and information displayed was more easily accessible for all people who lived at the home. There was limited activities offered to people on a regular basis which may help to stimulate people, especially those living with dementia. We were advised that the home had recently sourced an activity entertainer to visit the home twice a month and that people had really enjoyed these sessions.

We looked at the systems in place to seek feedback from people. We saw that feedback questionnaires had been received from people and their relatives to express their views and experiences of life at the home. Most of the feedback received was positive about the home. We saw documentation had not been developed using different communication styles to ensure they were accessible and tailored to people's needs. We noted that feedback had not consistently been analysed or utilised to drive improvements within the home. On the day of the inspection some people told us that they were bored and gave us feedback about activities they would like to do. We saw there were no meetings for people who lived at the home; this meant the service had missed an opportunity to listen to people's views about the lack of activities and their wish to access their local communities. The care manager told us that she planned to introduce these in the future.

The care manager advised us that the provider's representative [Nominated Individual] visited the home and said, "[name of registered provider] comes into the home virtually every day. I do feel supported and we have informal discussions on a regular basis." We were unable to see documentary evidence to demonstrate this on the day of the inspection. We received additional evidence following the inspection. However the registered provider's audit had not identified the shortfalls that we had found.

People and staff spoke very positively about the care manager and the way the home was run. One person who lived at the home told us, "If you've got any problems, you can always go and talk to her (Manager). She's happy to sit and listen." We saw the care manager spent time talking to people and that people knew who she was. Discussions with the care manager identified that she knew people well and was able to describe people's individual needs. Staff told us that they felt well supported by the manager. One member of staff told us, "[name of manager] door is always open. She listens to us and asks our opinions how we can improve."