

# Bedford Citizens Housing Association Limited

## Bedford Charter 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

Bedford Charter House is a substantial, purpose built care home, which opened in February 2015. Prior to this, the service had operated from a smaller building on the same site. The new building provides a service for up to 72 people who have a range of care needs including dementia and physical disabilities. Short term (respite) care is also provided. During this inspection, 68 people were using the service.

During our inspection in February 2016, we identified concerns in terms of how people's PRN (as required) and topical medication was managed. We identified that medication protocols for the administration of PRN medication were not always sufficiently detailed. In addition, medication administration records (MAR) charts did not always record the reasons for PRN medication being given, making it difficult to assess whether a person's healthcare condition had changed.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan detailing the improvements they were going to make, and stating that improvements would be achieved by 30 June 2016.

We undertook this unannounced focused inspection on 7 October 2016, to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bedford Charter House on our website at [www.cqc.org.uk](http://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.

We reviewed the medication systems in place, and found that these had been strengthened. The processes in place were more robust and more regular audit checks were taking place of all aspects of the medication systems, including recording and disposal. Because of this issues were now identified and addressed in a timelier manner.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next 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 that action had been taken to improve the safety of the service.

The systems and processes in place in respect of medication management had been strengthened.

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** ●

# Bedford Charter 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 an unannounced focused inspection of Bedford Charter House on 7 October 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our February 2016 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 was undertaken by one 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 information about important events which the provider is required to send us by law. We spoke with the local authority and health and social care professionals to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during administration of medication.

We spoke with four people who used the service in respect of their medication needs. We observed a further five people who were unable to communicate effectively with us because of their complex needs. We spoke with the registered manager and three care staff.

We looked at ten people's medication records to see if their records were accurate and reflected people's needs. We reviewed further records, relating to the management of the service, including medication audits.

# Is the service safe?

## Our findings

During our inspection on 12 February 2016, we identified that medication protocols for the administration of PRN "as required" medication were not always sufficiently detailed. In addition, medication administration records (MAR) charts did not always record the reasons for PRN medication being given, making it difficult to assess whether a person's healthcare condition had changed.

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

At this inspection, we found that the provider had followed their action plan, to meet shortfalls in relation to the regulatory requirements as described above.

People told us that they received their medication on time and told us that their medication was generally well organised. One person said, "They always give me my tablets when I need them. I have no worries." Another person told us, "I can ask for extra tablets if and when I need them and they always bring them to me, you know pain killers and things."

Staff told us that medication administration and the systems in place were important and that they worked hard to make sure that all medication was administered correctly. One staff member said, "I think we have improved in medication, since the last inspection we have introduced new checks to identify any issues and the changes are working." Another staff member told us, "We want things to get better and yes, I think we have made improvements. We have more guidance when it comes to PRN medication and charts for application of creams are now kept in people's rooms. I think that the changes have made things better for us."

The registered manager told us that in conjunction with the local authority, the provider had worked on a new PRN policy. This was in the process of having some additional changes made to it before it would be implemented within the service. The registered manager also told us, "We have worked hard to make things right, to act on what your last inspection said and to make the changes we need to." They told us how staff had been retrained in medication competency and that those staff that had made medication errors had been disciplined through the provider internal processes to ensure people were kept safe.

Records confirmed that staff had received the required training to ensure they delivered safe care in respect of medication administration. We looked at ten Medication Administration Records (MAR) and noted that there were no gaps or omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded on the reverse of the charts. It was clearly detailed how many tablets people had been given and the reason for this, so that all staff were aware and so that people were kept safe.

There was evidence that medication stock levels were checked regularly, including controlled drugs. Temperature sensitive medications were stored appropriately. Medication administration records (MAR)

provided information about medication stock levels and administration, including missed or refused doses or the use of PRN medications. Records we looked at were clear and had been completed accurately. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.