

Turning Point Rix House

Inspection report

24 Arncliffe Road
Keighley
West Yorkshire
BD22 6AR

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 January 2016. A breach of legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the way medicines were managed.

We undertook this focused inspection 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 (location's name) on our website at www.cqc.org.uk"

Rix House is located in Keighley and is registered to provide accommodation and personal care for up to 20 people who have a learning disability and complex needs. Accommodation is situated over two floors with communal dining and living areas. To the exterior of the building is a small communal garden.

At the time of the inspection there were 17 people living within the home. There were also two respite beds which eight other people used on a periodic basis.

Overall, we found improvements had been made to the safety of the service and it was no longer in breach of regulation. Medicines were managed safely and people received their medicines as prescribed. The process for managing covert (hidden) medicines had been improved. Some improvements had been made to medicines records for topical medicines such as creams, however these improvements needed to be consistently applied.

Medication audits were undertaken, however the frequency of these needed to be increased to help robustly monitor that medicines were consistently managed in a safe way.

We could not improve the rating for Safe from Requires Improvement because to do so requires consistent good practice over time and evidence that the remaining discrepancies on MAR charts for topical medicines were addressed and sustained. 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?

The inspection focused on the safe management of medicines only. We found that action had been taken to improve safety.

People received their medicines as prescribed. Improvements had been made to the way covert (hidden) medicines were managed. A new system had been put in place to improve the completion of MAR charts for topical medicines. This had resulted in some improvements but there were still some gaps that needed addressing.

We could not improve the rating for Safe from Requires Improvement because to do so requires consistent good practice over time and evidence that the remaining discrepancies on MAR charts for topical medicines were addressed and sustained. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Rix 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 Rix House on 3 June 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 15 Jan 2016 inspection had been made. The inspection was carried out by one adult social care inspector. 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."

As part of the inspection we reviewing medication records and spoke with the deputy manager and a team leader to establish whether medicines were managed safely.

Is the service safe?

Our findings

At the last inspection in January 2016, we identified medicines were not consistently managed in a safe way. We issued the provider with a requirement action for the regulation 'Safe Care and Treatment.' The provider sent us an action plan detailing how it would ensure compliance with this regulation. At this inspection, overall we found improvements had been made and the provider was no longer in breach of regulation.

In January 2016, we were unable to reconcile stock balances of boxed medicines to help establish if medicines were given as prescribed. At this inspection, improvements had been made. Any stock of medicines carried over from the previous month had been clearly noted on the Medication Administration Records (MAR) along with any new tablets received. This made it possible to calculate how many tablets should be in stock if medicines were given as prescribed. We counted a selection of boxed medicines and found that the number in stock matched with what should have been present indicating people had received their medicines consistently. In one case we identified a gap on a MAR, however as this system was now in place, from counting the medicines remaining in stock we were able to establish that it was an omission in recording rather than the person not receiving their medicines as prescribed.

MAR charts for most medicines were generally very well completed, providing further evidence people received their medicines as prescribed at the times they needed them. Where people required their medicines at specific times on specific days arrangements were in place to ensure these were given appropriately.

At the last inspection, we found the completion of MAR charts for topical medicines such as creams on MARs was poor. At this inspection a new system had been put in place to encourage support workers to robustly document the support they provided. We identified that overall improvements had been made. For example, two of the charts we looked at were very well completed from day to day. However, there were still an unacceptable number of gaps on another two people's MARs, meaning we could not confirm these people had their medicines offered as prescribed. We saw the registered manager had identified this and was addressing this with staff. However, in order to demonstrate consistent good practice in this area, these improvements needed to be consistently applied.

At the last inspection we found the process for managing covert (hidden) medicines required improvement. We saw more comprehensive and up-to-date documentation was now in place clearly showing the GP and pharmacist had been involved in a best interest process. We saw an agreement was in place for one person to take their medicines covertly, however most of the time the person took their medicines without the need for them to be given in this way. This demonstrated the provider was helping ensure care was delivered in the least restrictive way possible.

Systems were in place to audit medication records. This included a six monthly visit from a local pharmacist. We looked at the most recent audit from May 2015 which was generally positive with no significant concerns identified. The service conducted its own internal audits, however we concluded the frequency of these should be increased particularly to undertake stock balance checks and topical medicines.

