

## Barchester Healthcare Homes Limited

# The Dales

### Inspection report

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20 December 2016

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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 18 February 2016. We found that the service required improvement to become safe. This was because the systems for medicine administration did not protect people from the associated risks. We identified this as a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements.

This inspection was focussed to review the progress made by the provider in making sure people were kept safe from the risks associated with medicines management. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Dales on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This focussed inspection took place on 20 December 2016 and was unannounced.

The Dales provides nursing and personal care up to 56 older people, some of whom may be living with dementia. The home is located in the small village of Draughton, which is close to the town of Skipton. Accommodation is on two floors accessible by a passenger lift. There are secure and attractive gardens and car parking is available on site. At the time of our visit 52 people were living at the service.

The service had a registered manager. 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.

The system for administering medicines had been improved to make sure that people received their medicines safely. This meant that the previous breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had now been met.

## 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 service.

Medicines were being administered correctly, including medicines which needed to be disguised for example in food or fluids or to be taken as needed. Staff had also received additional training in this area.

This meant that the provider was now meeting legal requirements.

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.

**Requires Improvement** ●

# The Dales

## 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.

This inspection took place on 20 December 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spent time with people in the communal areas looking at how their medicines were managed. We looked at records which related to people's individual care. We looked at management and auditing records and other records associated with medicines management. These included team meeting minutes and policies and procedures.

We spoke with the registered manager, deputy manager, clinical development nurse, four care assistants and a senior nurse.

We also spoke with two people about their medicines and how this was organised for them.

## Is the service safe?

### Our findings

At our last comprehensive inspection on 18 February 2016 we found that the service required improvement to become safe. This was because the systems for medicine administration did not protect people from the associated risks. We identified this as a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements.

People we spoke with told us they did not have any problems with their medicines and that staff dealt with these for them.

At this inspection we found that some people who used the service were unable to take their own medicines safely and relied on staff to make sure they took their medicines as prescribed. This is called medicine administration. Each person who needed their medicine to be administered by staff had a medication administration record (MAR). This provided a record of medicines administration and identified which staff had been responsible for giving each medicine. The service used MARs provided by a pharmacy.

The MARs we looked at were clearly recorded and listed all medicines separately, including the time of administration and dosage. There were no unexplained gaps on the MARs we looked at. Each person had a medicines risk assessment which provided personalised information about how people preferred to take their medicines as well as highlighting any potential risks. Information included any allergies or possible side effects as well as the person's understanding of what the medicines were for. We noted that medicines were kept securely in locked cupboards in each person's bedroom.

People who required their medicines 'before meals' were receiving these at appropriate times and in accordance with the prescriber's instructions.

People who required covert medicines, for example having their medicines crushed and mixed in with food or fluids had been properly assessed for this to happen. The provider had taken steps to make sure this was done in the person's best interests. When a best interest meeting had been held, the doctor, pharmacist and the person's relative had been consulted where appropriate. Staff had access to clear, factual and explanatory information to make sure they knew exactly how to give the medicine if it was refused when first offered. We looked in detail at two people's records who received their medicines covertly. The assessment included information about why the medicines were necessary, how it could be taken and the least restrictive method to be used.

Where people used 'as required' medicines there was information about how it was to be used and written confirmation that the person had the capacity to decide if they needed the medicine or not. Where people were unable to say if they were in pain then staff knew the signs to look for as this detail was included in the person's care plan. For example, one person visibly shook when they were experiencing pain and staff knew how to care for this person at these times. We noted that when 'as required' medicines were administered there was an explanation on the back of the MAR and in care notes as to why it was needed.

When medicines were received by the service, two members of staff checked that it was correct and then signed the MARs. Records confirmed this. The deputy manager told us that if a person was discharged from hospital they requested written confirmation of any medicine changes so that they could be sure that administration was up to date and accurate. They also reviewed new medication with the doctor to make sure it was necessary.

Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. We saw that there was a controlled drugs register and this was closely monitored to make sure the drugs in stock were recorded correctly.

There were management systems in place to make sure that medicines had been administered safely. The deputy manager explained that a senior member of staff carried out an audit of MARs each week and this was then reviewed by the manager. There was evidence that audits had identified an occasion when care staff notes had not been completed. This had been raised with staff and resolved. We noted that staff had also been diligent in the way they identified an error made by the pharmacist and this had been dealt with without incident.

Only nurses administered medicines at the time of our visit. However, a new role of care practitioner was being developed. The care practitioners would be fully trained to be able to administer medicines in the future.

The provider kept a record of all incidents in relation to medicines. There had been no medicines incidents in the last six months. This demonstrated that the current systems in place were effective and well managed.

Records showed that most staff responsible for administering medicines had received appropriate training. New staff were booked to receive their training. The manager explained that, after training, observations and spot checks were carried out to make sure staff were competent.

Staff told us they were confident about administering medicines and that they had received suitable training. One member of staff told us, "I did a medicines course from Boots, it was really hard. The pass rate was 100%. But I did it." They also explained how in house training had been of benefit, including sharing good practice with other nurses. Care assistants explained how they might be present whilst someone was being given their medicines but that the nurse was the one responsible for making sure it was taken.

We observed medicines being given. This was done in a calm manner. The member of staff explained to the person what they were being given and they took time to make sure the person had enough to drink when taking their medicines.

At this inspection we did not look at staff recruitment or staffing levels. At our last inspection in July 2015 there were no issues in these areas. We identified no concerns during this inspection.