

## Housing & Care 21

# Housing & Care 21 - Meadowfields

### Inspection report

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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 announced comprehensive inspection of this service on 17 July 2015. 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 Housing & Care 21 – Meadowfields on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This focussed inspection took place on 1 December 2016 and was unannounced.

Housing & Care 21 – Meadowfields provides personal care and support to older people who live in their own apartments. Some of the people who use the service are living with dementia. Apartments are located on one site in Thirsk around an office and communal areas. There is a café on site which can be used by the public, as well as the local library. The aim of the service is to support people to live independently. The service currently provides support to 77 people.

At the time of our inspection there was no registered manager 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. The current manager had applied to be registered with the CQC and their application had been accepted. However, it was unlikely that they would be called for interview before they took planned leave. We are following up the day to day management of the service with the provider

The system for administering medicines had been improved to make sure that people received their medicines safely. Medicine records were clearly written and we found no unexplained gaps in recording. There were systems in place to identify any errors promptly. We found that appropriate action was taken where any errors had occurred. 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.

While reviewing the service we found that the provider did not always inform the correct authorities of safeguarding concerns. This included notifications to the CQC as well as safeguarding alerts sent to the local authority. Although action was taken to keep people safe, managers of the service were unclear as to the correct reporting procedures.

Staff were confident about how to protect people from harm and understood how to identify if anyone was

at risk of harm. Staff had received training in medicine administration and were kept aware of any changes or updates to procedure. Risks to people had been assessed and plans put in place to keep risks to a minimum.

## 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 service required further improvement to become safe.

People were now protected against the risks associated with medicines.

Staff were confident of using safeguarding procedures in order to protect people from harm. However, safeguarding concerns were not always reported to the correct authorities.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

**Requires Improvement** ●

# Housing & Care 21 - Meadowfields

## **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 1 December 2016 and was unannounced. The inspection was carried out by one 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 looked around the premises and spent time with two people in their apartments 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 two people who received a service, a senior care staff, one care worker, the team leader and the manager.

# Is the service safe?

## Our findings

At our last comprehensive inspection on 17 July 2015 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.

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 medicine administration and identified which staff had been responsible. The service used MAR provided by a pharmacy.

The MAR 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 MAR 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 flat.

Where people used 'as required' medicines there was information about how it was to be used and written confirmation that the person had capacity to decide if they needed the medicine or not. We noted that when 'as required' medicines were administered there was an explanation in care notes as to why it was needed.

We looked at how the service administered a medicine which regularly varied in dose following district nurse review. The service requested a written update from the doctor before making changes to administration instructions. The MAR showed that this medicine was given correctly in line with reviews.

When medicine was received by the service, two members of staff checked that it was correct and then signed the MAR. Records confirmed this. The 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.

Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. One person was prescribed a controlled drug in the form of skin patches and a liquid. We saw that this had been given in line with administration instructions. However, a running total of what had been used and received was not maintained. This meant that the provider could not be certain that controlled drugs were being used correctly. There was no chart in place to make sure that skin patches were placed on different parts of the body, in line with good practice. We spoke with the team leader about this who acted immediately to put documentation in place.

There were management systems in place to make sure that medicines had been administered safely. The manager explained that a senior member of staff carried out an audit of MARs each week and this was then reviewed by the manager. The provider had created files for each person which contained previous MARs and the audit sheets attached to them. These provided evidence that the checks that took place. For example, there was evidence that audits had identified an occasion when care staff notes had not been completed. This had been reported to the team leader and discussed in a meeting with the member of staff responsible. The manager added that all care staff were responsible for carrying out a visual check of current MARs to make sure that any errors were identified promptly.

A new management 'pack' was being introduced in January 2017. This was held on a computer and we were shown how it worked in relation to medicines management. Each person who used the service was listed and there was space to record any medicines issues. The system provided a summary of concerns and supported the manager in identifying trends so that they could take appropriate action.

The provider kept a record of all incidents in relation to medicines. Records showed that action was taken to follow up on any concerns raised. For example, one person had received the wrong medicine in October 2016. This had been identified promptly and 111 called for advice which had then been followed. The issue had also been discussed with the person concerned. However, although the registered manager had deemed the matter serious enough to raise as a safeguarding concern with the local authority, CQC had not been notified as required in the Regulations. The manager has subsequently sent in a safeguarding notification retrospectively. The failure to notify CQC of these concerns was a breach Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We have dealt with this matter separately with the provider. We did not find any evidence that people had been harmed as a result of this issue.

We discussed the reporting of safeguarding concerns with the registered manager. They told us that where people were funded by North Yorkshire County Council (NYCC), managers sent safeguarding concerns to the local authority. However, concerns about people who were privately funded were raised with the provider's internal safeguarding team staff rather than the local authority. The registered manager was not aware that all safeguarding alerts needed to go to NYCC as they were the local authority in which the service was based. We checked the provider's safeguarding policy which confirmed, "Inform CQC if appropriate and refer safeguarding to local authority". The team leader took immediate action after the inspection to inform all seniors of the protocol with regard to reporting to CQC and the local authority. They confirmed they would also discuss this at a staff meeting the following week so that the service was using a consistent approach.

An up to date safeguarding policy and whistleblowing policy was seen displayed on a communal noticeboard which provided staff with easily accessible information. The provider had updated the medicines policy this year and we saw records that showed this had been discussed with the team during a meeting in September 2016. The manager explained that this was led by a member of staff who organised a quiz as a way of learning the procedure.

Records showed that all staff responsible for administering medicines had received appropriate training. The manager explained that, after training, managers carried out observations and spot checks to make sure staff were competent. During induction new staff had the opportunity to shadow experienced staff to become familiar with medicines management.

Staff told us they were confident about administering medicines and that they had received suitable training. One member of care staff said, "I had a medicines course last year after the inspection. I have also completed in-house training. Documentation training includes the MAR. I have a good understanding and can always ask a manager if I'm unsure". A senior member of care staff told us, "I had medicines training

refreshed this year. I am responsible for checking MAR and audits. I am confident about administering medicines. I know how people need to take medication, such as sitting up in a chair".

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.