# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# OSJCT Bartlett House

Old Common Way, Ludgershall, Andover, SP11 9SA

Tel: 01264790766

Date of Inspection: 26 March 2014

Date of Publication: April 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Management of medicines** ✓ Met this standard

## Details about this location

| | |
|---|---|
| Registered Provider | Orders of St John Care Trust |
| Registered Manager | Mrs. Sandra Caroline Burrows |
| Overview of the service | OSJCT Bartlett House is registered to care for 49 older people who have residential care needs, these may include dementia needs. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

We carried out this inspection to check whether OSJCT Bartlett House had taken action to meet the following essential standards:

- Management of medicines

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 March 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

### What people told us and what we found

At our last inspection we found this home was not compliant in relation to medication. The home put an action plan in place following this. At this inspection we found the home had addressed issues and were compliant.

We spoke with five people about their medication. One person told us "oh yes, they always bring them to me" about their tablets. Another person told us about discomfort they experienced from their arthritis. They reported the staff "always" gave them their painkillers when they asked for them.

We spoke with three members of staff who administered medication to people. They all told us they had been trained and received regular supervision in administering medicines. We watched a member of staff administering medicines. We saw they did this in a safe way. We observed a person asked for their inhaler. The member of staff promptly fetched it for them and appropriately supported the person while they used it

We saw medicines were securely stored. The home had a full audit trail of medicines received into the home, administered to people and sent for disposal. People had clear care plans about how they were to be supported in taking their medication.

You can see our judgements on the front page of this report.

### More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Management of medicines** ✓ Met this standard

**People should be given the medicines they need when they need them, and in a safe way**

### Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

### Reasons for our judgement

At our last inspection on 28 November 2013 we found people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. The provider sent us an action plan following the inspection. At this inspection, we found the home was compliant.

We spoke with five people who lived in the home about their medication. One person told us "oh yes, they always bring them to me" about their tablets. They said they appreciated staff doing this because they preferred to remain in their room and not to go out into the rest of the home. Another person told us about discomfort they experienced from their arthritis. They reported the staff "always" gave them their painkillers when they asked for them.

We spoke with three members of staff who administered medication to people. They all told us they had been trained and received regular supervision in administering medication. One of the members of staff showed us the new system which had been introduced for people who were prescribed skin creams. Each person had a colour-coded body map record. This showed where, and when, each skin cream was to be applied to the person's body. Staff then signed when they had supported the person in the application of skin creams. The member of staff told us the body charts were "a very good idea" because each member of staff knew "what to apply where and when." They said if changes had occurred and they were not sure, they could "just go to the record and know what to do."

We observed a member of staff administering medicines. We saw they always locked the medicines trolley when they were not with it. They wore a red tabard to advise others they were administering medicines and were not to be disturbed. They took time to check each prescription. They made sure the person receiving the medication was engaged with what they were saying, before they gave them their medication. They did not leave any person with their medication. They supported each person in swallowing all their medication,

before they left them.  They signed the medication record only after the person had taken all their medication.

One person asked the member of staff giving their medication what their tablets were for. The member of staff explained each tablet and its function to the person. On one occasion a tablet was dropped. The member of staff took the tablet and placed it in a clear plastic disposal bag and wrote a record to document relevant information such as the date, time and what the tablet was. One person refused to take some of their medication. We saw the member of staff wrote a record about this on the relevant part of the person's medicines administration record. A different person asked for their inhaler. The member of staff promptly fetched it for the person and appropriately supported them, to make sure they were administering the inhaler to themselves in a safe way.

All three members of staff told us would "always" report to a senior if they saw a member of staff administering medication in an unsafe way. They also told us if they noticed any gaps in the medicines administration record, they would always take this up with a more senor member of staff. This was because they needed to make sure each person had received their prescribed medication.

We inspected the medicines room. We saw all medicines were securely stored. We checked the medicines refrigerator and saw records showed its temperature was within safe ranges. All limited life medicines were dated on opening, to ensure they were disposed of when due. All oxygen cylinders were securely stored outside, in an appropriate caged area. We looked in the medicines cupboards and saw they were tidy, with clear systems for stock rotation. We looked at medicines administration records. All of the records we looked at showed the people had been administered their medicines as prescribed by their GP. Records were maintained of medicines brought into the home and sent for disposal.

The head of care reported none of the people living in the home had chosen to self-medicate. One of the people's records showed they refused their medication on occasion. They had a clear care plan which directed staff on what to do when the person did this. Some people were prescribed medication on an "as required" basis, such as painkillers. Where this was the case, there were clear protocols to direct staff on their administration, for example how often the medication could be administered in 24 hours. Where a person had difficulties in verbal communication, the protocols documented how each person showed they needed their prescribed medication.

One person was prescribed medication which could be given covertly if needed. The head of care told us this was the first time the home had provided care to a person who might need their medicines administering in this way. The head of care showed us there had been a best interests meeting about the person being administered their medication covertly, to ensure they took the medication they needed to maintain their health. The person did not have a care plan about how staff were to give the person their medication covertly. This was needed because the effectiveness of some medicines can be affected if they are crushed or given with some foods or drinks. The head of care contacted the supplying pharmacist. By the end of the inspection they had drawn up a very clear care plan to direct staff on the appropriate ways of covertly administering the person's different prescribed medication.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
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| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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