

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

## Borrage House

8 Borrage Lane, Ripon, HG4 2PZ

Tel: 01765690919

Date of Inspection: 30 August 2013

Date of Publication:  
September 2013

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

**Care and welfare of people who use services**

✓ Met this standard

**Management of medicines**

✓ Met this standard

## Details about this location

Registered Provider	Anchor Trust
Registered Manager	Ms. Jane Bentley
Overview of the service	<p>Borrage House is close to the centre of Ripon. It is owned by Anchor Trust and is registered to provide accommodation for up to 40 people who require personal care. Borrage House is not a nursing home. Living accommodation for people using the service is on the ground and first floor. There is a passenger lift. Office and storage space is on the third floor. There is large garden and parking facilities.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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

- Care and welfare of people who use services
- Management of medicines

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 August 2013, 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, talked with carers and / or family members, talked with staff and reviewed information sent to us by local groups of people in the community or voluntary sector. We talked with local groups of people in the community or voluntary sector and used information from local Healthwatch to inform our inspection.

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### What people told us and what we found

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Our inspection of 16 May 2013 found that people did not always experience care and support that met their needs. For example, weight loss had not been followed up for two people and we found examples of care records not being kept up to date and accurate. We also found that people were not protected against the risks associated with medication because safe arrangements were not in place.

At this inspection we found that improvements had been made and this was confirmed by the people we spoke with. We also saw written evidence that action had been taken to address the shortfalls previously identified.

Therefore, people were receiving care and attention which met their needs and people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage the administration of medicines safely.

One person who used the service told us, "It is lovely here. We are taken care of very well." Another person told us how the staff made sure they received their medication on time and that they thought 'care was very well organised.' We observed staff supporting people and offering assistance as needed. This was done in a calm, professional and organised way.

Staff were spoken about in a positive way by people who used the service. They were described as kind and thoughtful. Without exception, people gave us the impression that their experiences at Borrage House were positive and that they received a good standard of care.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

This was a follow up visit to assess the improvements necessary following the last inspection.

We used a number of different methods to help us understand the experiences of people who used the service, which included talking to people, relatives and visitors and reviewing records.

Staff had an in depth knowledge of the people they were caring for and we saw a variety of ways being used to encourage people to be independent and maintain their privacy.

We spoke with seven people who used the service. They said they were happy with the care and support they received. One person said, "Staff are really nice. We are very lucky to live here." Another person said, "I think all the staff are good." Another person told us about preferring to stay in their own room. They told us, "I am given the choice to stay in my room, it is what I prefer and that is respected." This demonstrated how staff were delivering care in a person centred way, assessing needs on a day by day basis. During our inspection we also spoke with three visitors who gave positive feedback about the way their relative had been cared for. They told us staff were kind and considerate to them too.

Care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at seven people's care records. Care plans identified people's needs and their preferences, and specified how care should be delivered.

Since the last inspection, a lot of effort had been made to make sure care plans were up to date and that people, who were at risk of being malnourished, had been reassessed and safeguards put in place to identify early signs of weight loss. Staff had a clear understanding about the action to be taken were necessary.

Daily communication notes were found to contain good information that showed people

had received appropriate care and support, particularly around fluid and food intake and repositioning. There was evidence that other professionals had been involved in assessing and planning care when appropriate.

At our last inspection, we were also concerned that the night records did not accurately reflect the times care was being delivered, how long the care intervention had taken or indeed if any night checks were being made. We were told by the care manager that the process of recording had been changed and that staff carried the record around with them, making it easier to record the care being delivered at the time it was given. We reviewed some of the night records and saw evidence of this.

Staff we spoke with said the care plans and risk assessments were now being properly implemented and reviewed. One member of staff said, "There has been an improvement in the way we record. We also know people really well so we have consistency."

Staff told us that they worked as a team, to make sure everyone was cared for properly. They told us they were proud of their work and that people received a good standard of care at Borrage House.

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

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## **Our judgement**

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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 the administration of medicines safely.

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## **Reasons for our judgement**

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This was a follow up visit to assess the improvements necessary following the last inspection.

Appropriate arrangements were in place in relation to the obtaining and storage of medicine. Medicines prescribed for people who used the service were delivered by the pharmacy every month. Where there had been a change to a person's medication during the month the provider had arrangements with a local pharmacy to obtain temporary supplies until arrangements could be made for a regular monthly order.

Medicines were prescribed and given to people appropriately. The majority of staff had received training in the safe handling and administration of medicines. Some training had been rescheduled, due to the organiser cancelling this at short notice. However, there were sufficient staff on each shift who could administer medication, meaning people had access to their prescribed medication when needed. Guidance was available on the administration of 'as required' medicines, for example, painkilling tablets, which were only to be taken when needed. We also found that staff were recording variable dose medications more accurately, meaning the auditing of medication was easier and medication could be accounted for.

The service uses a pre dispensed system for medication. This means medication is dispensed by the pharmacist in a sealed package, which holds each day's medication in a single container. The medication was delivered to the home, from the pharmacist with a printed medication administration record (MAR) which details who the medication is for, what the medication is and how often it should be given. However, some medication, although prescribed, did not have a printed MAR and staff had handwritten the instructions. This, we were told, was because the medication might have 'fallen' outside the monthly cycle and therefore had been dispensed separately or was a temporary treatment, for example a course of antibiotics, and dispensed without a MAR. The homes policy for medication stated that all handwritten MAR sheets should be signed by the person completing it and countersigned. The reason for this was to make sure the information was correct and had been checked by two members of staff, therefore minimising the risk of an error being made. Since our last inspection, staff had been

reminded of the need to follow the procedure and we found that all handwritten MAR sheets were completed properly.

Medicines were being disposed of appropriately. We saw that unused medicines were recorded on the medicines administration chart and stored securely until they could be disposed of correctly.

We were not made aware of anyone who managed their own medication at the time of our visit.

## 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.

**✓ 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. 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. We monitor the implementation of action plans in these reports and, if necessary, take further action. 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.

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**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.

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**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.

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**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

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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:

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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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