

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

Highbarrow Residential Home

Toothill Road, Uttoxeter, ST14 8JT

Tel: 01889566406

Date of Inspection: 24 December 2012

Date of Publication: January 2013

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

Management of medicines

✘ Action needed

Details about this location

Registered Provider	Sunplee Limited t/a Highbarrow
Registered Manager	Miss Amanda Jane Wilne
Overview of the service	Highbarrow Residential Home can accommodate 22 people. They are not registered to provide nursing care.
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'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Highbarrow Residential Home 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 24 December 2012, 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

We inspected this service on 25 October 2012 and found they were not compliant in relation to, respecting and involving people who use services, care and welfare of people who use services, management of medicines and requirements relating to workers. This meant the registered provider had to make improvements in these areas to deliver good outcomes for the people who used their service.

On this inspection we went to check that improvements had been made with regards to the management of medicines. We could not inspect the other areas of non compliance because the provider's action plan said they would not be compliant in these areas until 31 December 2012. We will carry out a further inspection to ensure improvements in these areas have been made.

We needed to check medicine management had improved because this was a major concern to us. The inspection was unannounced, which meant the registered provider and the staff did not know we were coming. We looked at the evidence available following the action plan we had received from the registered provider, and we spoke with people using the service and some of the staff on duty.

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

What we have told the provider to do

We have asked the provider to send us a report by 02 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We arrived at Highbarrow Residential Home at 7:30 am. On our last inspection in October 2012 we arrived at 6:40 am. We had found the office was unlocked and we saw that ten people's morning medication had been dispensed into medication pots that were not labelled. This meant the staff were dispensing medicines which were not identifiable in any way and placed people at risk of receiving the wrong medicine.

On this inspection we checked the office, which was still unlocked, but found that no medication was on view. The service had secure storage for medication and we saw this was being used. This meant that improvements had been made, and medicines were locked away as required.

On the last inspection we saw one loose tablet on top of the office filing cabinet. We had asked the registered manager about this but they were not aware a tablet had been placed there. This meant the home could not be assured people had been given their medication as prescribed and medication was not being stored safely.

On this inspection we saw evidence to confirm an investigation had taken place regarding this, but the registered manager had been unable to find out why the tablet was there. We saw a record in the returns book to show the medication had been returned to the pharmacy as required. This meant the registered manager had taken the appropriate steps to try to ascertain what had happened and they had disposed of the medication correctly.

On the last inspection we looked at the medication record for one person who had 'as and when required' (PRN) medication and saw that a protocol was not in place. These should be available and demonstrate the decision making processes for PRN medication and validate when medicines are administered. Providing a protocol ensures the staff have clear information on why and when to provide certain medication.

On this inspection we saw that information regarding PRN medication had been included

within the home's medication policy. However, further improvement was needed because we saw medication records for two people that had not been clearly signed off by the staff because they had used the wrong code. We noted that information on the MAR was in some instances ambiguous or recorded 'as prescribed' but staff did not always have clear instructions to follow because it did not state what 'as prescribed' meant.

We observed two people's medicines being dispensed at breakfast time. The member of staff administering the medication was seen to ask people how they were feeling and people were not rushed. People who were able to take their own medication were handed their medicines in a dispensing pot. This meant people were encouraged to take their own tablets where possible.

We asked the registered manager if people using the service administered any medications themselves. We were informed some people did. These included inhalers and applying prescribed creams. Care records did not offer information on this, and assessments had not been completed to demonstrate safety, consent, capacity or safe storage arrangements. This meant the registered manager had not taken the necessary steps to ensure this was managed in a safe way.

We saw evidence to demonstrate staff who worked in the home during the day were enrolled on a medication course to refresh their knowledge. This meant the registered provider had taken the necessary action to ensure the staff were up to date and suitably trained.

We spoke with the night staff who told us they did not administer medications and therefore did not require the training. Following further discussions we ascertained that on one or two occasions the night staff had given medication to people using the service. These incidents were when people were in pain or had refused to take their medication at the time it was due. This meant the staff had considered people's needs but were not trained to provide their medication. We discussed this with the registered manager who confirmed they would ensure the night staff also received the necessary training.

We looked at the home's medication policy and saw that three staff had signed to say they had read and understood it, a further two were required to do so. We saw that the medication policy required further information regarding clarity on homely remedies. These are medicines that can be bought over the counter and the home may offer them for a limited period, for example cough medicine. Information was also required regarding covert medication. This is when medication is given discreetly i.e. disguised in food or drink. It is only used in exceptional circumstances and mainly used when people are refusing essential medication. This should only be done after it has been agreed that it is in the person's best interests.

The registered manager had sent us an action plan which stated what action had been taken following our previous inspection in October 2012. We checked this information on our inspection and found that it was an accurate account.

We saw that improvements had been made but further improvements were required to ensure systems keep people using the service safe in respect of medication management. We will carry out a further unannounced inspection to ensure improvements continue.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, safekeeping and safe administration of medicines used for the purposes of the regulated activity.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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:

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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