

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

## Radcliffe Manor House

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NG12 2AA

Tel: 01159110138

Date of Inspection: 11 December 2013

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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	Homes of Rest for Old People, also known as Radcliffe Manor House
Registered Manager	Miss Karen Jane Squire
Overview of the service	Radcliffe Manor House is a care home for older people. It is located in Radcliffe-on-Trent in Nottinghamshire and is close to the shops and community amenities.
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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Management of medicines	5
<b>About CQC Inspections</b>	8
<b>How we define our judgements</b>	9
<b>Glossary of terms we use in this report</b>	11
<b>Contact us</b>	13

## 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 Radcliffe Manor House had taken action to meet the following essential standards:

- 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 11 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We visited the location to check that the provider was compliant with the regulation about which we had set a compliance action at our previous inspection on 14 August 2013.

We spoke with three people using the service. They told us they were happy with the arrangements for their medication and they always got it on time.

We observed a staff member administering medication to people in the dining room at lunchtime. We saw they wore a tabard to identify their role and they were not disturbed by other staff members. We saw they waited with people whilst they took their medication. This meant people who used the service were supported by staff when they took their medicines.

We found that medicines were safely administered and appropriate arrangements were in place in relation to the recording of medicine.

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

### Management of medicines

✓ Met this standard

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

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### 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.

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### Reasons for our judgement

Medicines were safely administered. Appropriate arrangements were in place in relation to the recording of medicine.

When we inspected Radcliffe Manor House on 14 August 2013 we found gaps in the temperature records for the treatment room, fridge and care office where medication was stored. We saw medication was not always stored at appropriate temperatures. We also found gaps on the medication administration record (MAR) charts. MAR charts are used to record when people have and have not taken their medication. We received an action plan from the provider to tell us the action they would take to improve people's experiences in this area. When we visited the service on 11 December 2013 we checked whether improvements had been made.

We spoke with three people using the service. They told us they were happy with the arrangements for their medication and they always got it on time.

We observed a staff member administering medication to people in the dining room at lunchtime. We saw they wore a tabard to identify their role and they were not disturbed by other staff members. We saw they waited with people whilst they took their medication. This meant people who used the service were supported by staff when they took their medicines. We also saw that the staff member locked the medication trolley when they left it to give people their medication. This meant medication was kept securely.

We spoke with two care staff members. They explained the process for ordering, booking in, recording and administering medication. They told us they waited with people until medication had been taken and would inform the manager and contact appropriate health services for advice if a medication error was made. They also told us they had received medication training during 2013.

We looked at the treatment room where some medication was stored. We saw this was

locked, which meant the room was kept secure. We also saw that the medication fridge in the room was locked.

We saw that controlled drugs were stored in a cabinet attached to the wall. Controlled drugs are a group of medicines that have the potential to be abused. For this reason, the handling of these drugs is subject to certain controls set out in law. We looked at entries in the controlled drugs register from 21 November 2013 to the day of our visit and saw that two staff had signed the register each day. We checked the stock of a controlled drug for one person and saw the quantity matched the records.

We looked at the charts for recording the temperatures of the treatment room, fridge and care office from the beginning of October 2013 until our visit. Medication should be stored at certain temperatures to ensure its effectiveness. We saw temperatures had been recorded on most days. However, the provider may find it useful to note that we saw three days in November and one day in December where the temperatures had not been recorded. We discussed this with the registered manager. They told us they checked the records during the monthly audits and would have identified the gaps during the audit that was due. They told us they would check the charts weekly from 16 December 2013 to ensure any gaps were identified and appropriate action taken quickly.

We saw that the room temperature of the care office where the medication trolley was kept had not been within an acceptable range on three days. However, action had been taken straight away when this had been identified and the temperatures had been checked again later on these days and were acceptable. All other records we looked at showed that medication was stored at appropriate temperatures. This meant the provider had taken action since our inspection on 14 August 2013 to make improvements.

We looked at the care office and saw it was kept locked when staff were not present. We also saw that the medication trolley was locked. This meant medication was kept securely.

We looked at the MAR charts for seven people from 25 November 2013 until the day of our visit and saw no gaps. This meant the provider had taken action since our inspection on 14 August 2013 to make improvements. However, the provider may find it useful to note that we saw that information on one recent MAR chart stated in one section that the person should be offered lactulose twice a day, but staff had only recorded entries for once a day. The registered manager told us incorrect information had been provided on the MAR chart they had received, but this should have been identified by staff. They told us the medication was 'when required' medication that should be offered twice a day. This meant the person had not always been offered one type of medication when appropriate since 25 November 2013. The registered manager told us that no concerns had been reported in the care records and the person using the service had not expressed any concerns. They also told us they would rectify the situation straight away.

The provider may also find it useful to note that the instructions on a MAR chart had not been fully updated for another person regarding a change to the time of day when their medication should be administered. We saw that staff had recorded that the person had received their medication at the appropriate times. However, the lack of up-to-date information meant staff did not have clear guidance. The registered manager told us they would take action to ensure that the information was accurate.

We looked at the charts for recording when creams had been applied for four people using the service from 25 November 2013 until the day of our visit and saw these had been

completed appropriately.

We looked at the blister packs containing medication for the period from 9 December 2013 until the day of our visit for six people and saw empty sections for the days that had passed, which meant people had been given their medication.

We looked at the training matrix, five staff files and other training information and saw that most staff involved in administering medication had received medication training. We saw a small number of gaps in the records. The registered manager told us some staff had received training but were waiting for their certificates and some staff were in their induction period or were not actively working for the service at the time of our visit. The registered manager told us that trained staff only were authorised to administer medication.

The registered manager told us they assessed people's knowledge in this area each year and we saw an example of a medication competency assessment they had completed for a staff member. They also told us medication was discussed during supervision.

We saw that the registered manager had completed weekly audits of the MAR charts to check records were appropriate and had taken action when they had identified issues. We also saw they had completed monthly medication audits. This meant systems were in place for monitoring how medicines were being managed.

We also saw that the medication policy had been updated since our inspection on 14 August 2013.

## 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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