

## Key inspection report

### Care homes for adults (18-65 years)

<b>Name:</b>	Bellerose Residential Home
<b>Address:</b>	14-16 Westland Road Watford Hertfordshire WD17 1QS

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Jeffrey Orange	0 2 1 1 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Bellerose Residential Home
Address:	14-16 Westland Road Watford Hertfordshire WD17 1QS
Telephone number:	01923466630
Fax number:	01923466630FP
Email address:	
Provider web address:	

Name of registered provider(s):	Mastercare Residential Home Association
Type of registration:	care home
Number of places registered:	9

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	9	0
Additional conditions:		

Date of last inspection									
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Brief description of the care home
<p>Bellerose is a three-storey house, located in a quiet street in a residential neighbourhood in Watford. The home is one of two operated by Mastercare Residential Homes Association, and provides accommodation and care for adults of both sexes who have mental health problems. The building has no lift therefore service users must be physically able to manage stairs. There are seven spacious bedrooms on the ground and first floors, a comfortable lounge and domestic style kitchen on the ground floor and adequate bathing and toilet facilities. Some bedrooms have en-suite showers. The second floor has been converted to provide a semi-independent flat with separate kitchen, lounge and bathroom for two service users planning eventually to move on to fully independent living. Outside to the rear of the building is a small, enclosed paved garden with a small pre-fabricated out building for smokers to use. The home is within easy walking distance of Watford town centre with its shops and amenities, including bus terminals, two mainline railway stations and an underground station.</p>

## Brief description of the care home

The home has a statement of purpose and service users' guide, which include contact details for the Care Quality Commission (CQC). A copy of the latest inspection report is also available in the home for service users and visitors.

Weekly charges, which cover basic care and accommodation, are subject to individual assessment and range from approximately £700 to £1200.

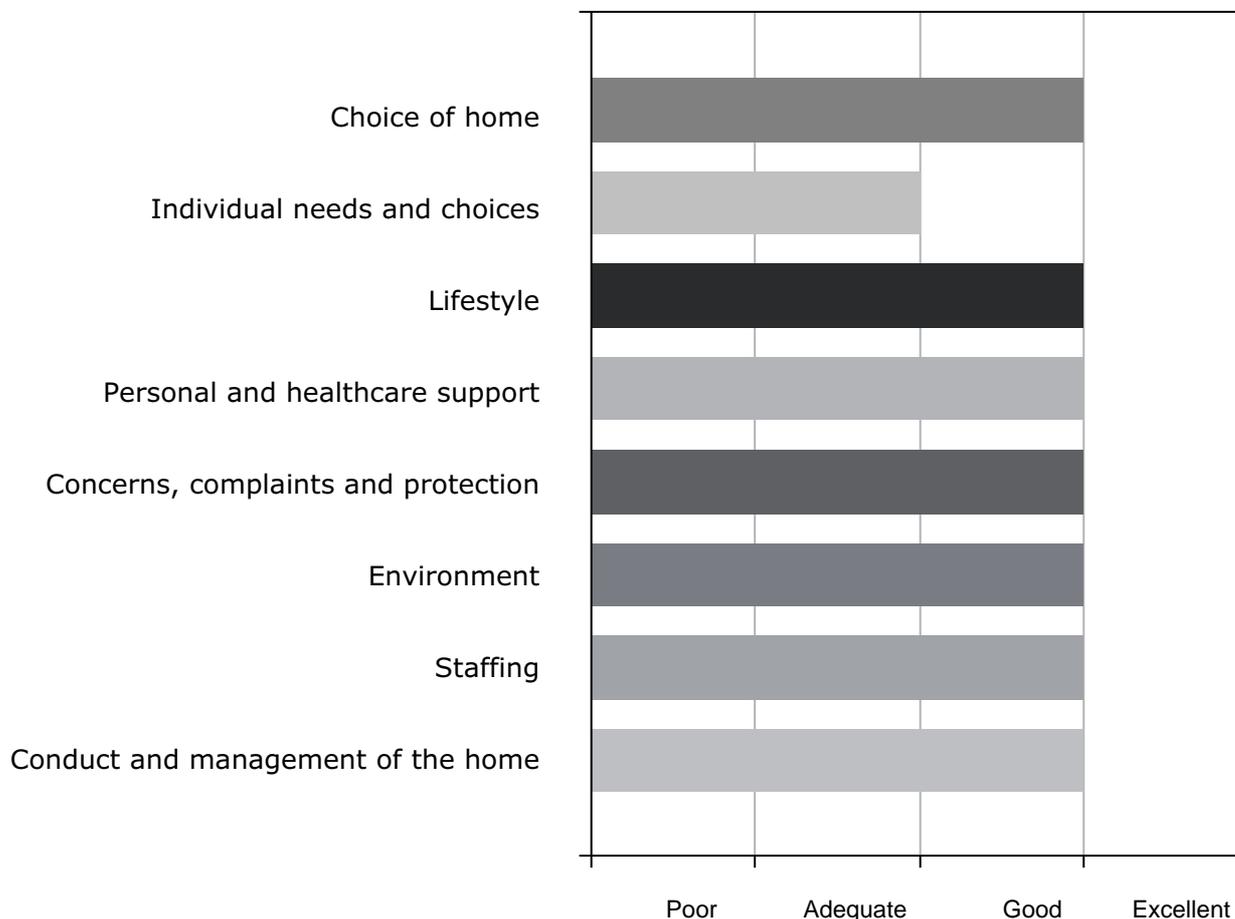
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The last key inspection on this service was completed on 06/11/2006. In November 2007 and October 2008 we carried out annual service reviews on Bellerose. We carry out an annual service review when there has been no major inspection of the service in the last 12 months. The annual service review does not involve a visit to the service but is a summary of new information given to us or collected by us since the last key inspection or annual service review.

This inspection took place over two days and was unannounced. It was carried out by one inspector, where the report refers to 'we' it recognises that it is written on behalf of the Care Quality Commission (CQC).

During the inspection visits we spoke to people who live in Bellerose, to staff who work there and to the manager and the proprietor. We also looked at some key records, including those for medication, care planning and staff recruitment.

We have also sent surveys to people who live in the home and to staff who work there as well as to relatives, advocates and carers of people who live in Bellerose where they have agreed to us doing so.

We have also contacted health and social care professionals associated with people living in Bellerose and where comments have been received they are included in this report.

The home have also sent us their annual quality assurance assessment (AQAA). The AQAA is a self-assessment document that focuses on how well care outcomes are being met for people living in Bellerose, it also includes some useful statistical information about the home.

### **What the care home does well:**

"I am and have been very happy with the care that is given", "Excellent, helpful and caring staff who all go out of their way to provide a homely, happy atmosphere" are some typical comments received about Bellerose during this inspection.

In general the care outcomes achieved are good and this is reflected in what is a settled group of people who live in the home and a consistent care staff team who provide care for them.

Care staff have a good understanding of the individual needs and preferences of the people who live in Bellerose and the atmosphere within the home was relaxed and informal throughout most of the inspection.

### **What has improved since the last inspection?**

There have been some improvements to the home's environment with new windows in places and a partly refurbished kitchen. Activities within the home have been increased and day centre based activities have been extended for more people living in the home.

### **What they could do better:**

The informal and relaxed ethos referred to above has sometimes become reflected in the record keeping of the home. This has led to some decline in the standard, for example of medication recording and administration.

Staff supervision records whilst in place are often very scant in detail and consequently of less practical use than might be the case if they were more fully completed.

The AQAA completed by the home was similarly poorly completed and did not provide the level of detail or analysis that is expected.

The three years since the last key inspection of Bellerose have seen significant changes and developments in social care and it was not clear during this inspection that care practice in the home had always kept up with this or changed to reflect them.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People considering Bellerose as a home for themselves or someone they are responsible for can be assured that they will only be admitted if their needs have been identified and assessed and it has been determined that they can be met by the home.

Evidence:

There have not been any recent admissions to Bellerose and there is a relatively settled group of people living there together. When we previously looked at the home's service user guide we found that it contained the basic information required in a clearly presented format that should mean that people considering Bellerose as their home have the information they need to make a reasonably well-informed decision. In their AQAA the home tell us that people are encouraged to visit the home, if possible accompanied by family or friends, to help them decide if Bellerose is a home where they could be happy and have their care needs met satisfactorily. When we asked people who live in Bellerose if they were asked if they wanted to move into Bellerose, 78% said that they were and 22% said that they were not. When we asked them if they had enough information about the home before they moved in to enable them to

Evidence:

decide if it was the right place for them, 66.5% said that they did and 33.5% said that they did not. When we looked at a sample number of the records held on behalf of people living in the home we saw that there had been a thorough process of assessment completed to ensure that their needs were identified and could be met by the home.

## Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in Bellerose can be reasonably confident that their right to take control of their lives and to make their own decisions and choices is understood by the manager and staff and that this is in general supported by the basic system of care planning and risk assessment in place.

Evidence:

When we asked the people who live in Bellerose 'Do you make decisions about what you do each day?' 44% said that they always did, 22% said that they usually did, 22% that they sometimes did and 12% that they never did. When we asked them; 'Can you do what you want to in the morning, evenings and weekends?' 60% said they could, 40% said they could not.

Most of the people living in the home we spoke to during the inspection said they were happy at Bellerose and felt they could make progress there. One person we spoke to was significantly less positive. We were told that people living in Bellerose take turns to keep some of the communal areas clean and we saw one person sweeping and clearing the outside smoking shelter. When we looked at records of service user

## Evidence:

meetings we found that these are held, although the frequency can vary and the records of those meetings seen were brief and not very detailed. In their AQAA the home told us that they hold 'regular' service user meetings and that there are a number of one to one meetings with service users. We found that not all of these one to ones are fully recorded as they are seen to be part of the everyday process of consultation. The AQAA told us that there is an annual survey of people living in the home that enables their views to be recorded more fully. The AQAA informed us that in response to the wishes of people living in the home menus have been changed 'slightly' activities in the home have been improved and more people living in Bellerose are now attending day centre services.

When we looked at care plans and risk assessments we found that these were generally quite basic but satisfactory and provide the core information required to ensure care is provided appropriately and in line with the assessed needs of people living in the home. We saw evidence of periodic reviews of care plans to ensure they reflect the current needs of people living in the home. In discussions with the manager it was agreed that risk assessments currently on file will be reviewed and updated as appropriate and will include specific risk assessments covering for example the non-smoking policy for the home, any restrictions of people living in the home to areas such as the kitchen or access to kitchen tools, including knives, access to bath plugs and risk assessments where people living in the home are able to self-medicate fully or partially.

## Lifestyle

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in Bellerose can be assured that they will be able to maintain and develop relationships with family and friends and that they will have access to a range of community activities and social opportunities. They can be increasingly confident that additional, meaningful activities in the home will be developed and provided to meet their needs effectively.

Evidence:

When we received comments from relatives, carers or advocates of people living in Bellerose they were very positive about the standard of care they observed and the overall standard of accommodation and cleanliness of the home. "Excellent, helpful and caring staff who all go out of their way to provide a homely, happy atmosphere" and "I am and have been very pleased with the care that is given" are some typical comments received.

## Evidence:

When we looked at care plans we found that they contained details of day care, visits and leisure breaks and also provided evidence of the involvement of families and other social contacts with people living in the home. Some of those who responded to our surveys suggested that more in house activities would be helpful and this was included in some staff surveys received as well as in the home's AQAA as an area for improvement.

When we talked to the manager about activities we found that efforts are being made to increase some relaxation sessions and to introduce increased access to specific community activities. When we talked to some of the people who live in Bellerose it was clear that they are able to access the community for relaxation and recreation and that they are able to attend a variety of day centre based activities, organised for them.

When we spoke to people living in the home and saw some of the photographs on display it was evident that the holiday in Weymouth had been well received and we were told that future holidays were being planned, perhaps to a different destination. The AQAA told us that the menu has recently been revised in line with the wishes expressed by people living in the home and in general the feedback from them about food was positive.

During the inspection we discussed with the manager a number of potential organisations and web-sites where additional resources, expert advice and information about activities might be accessed and we were told that these suggestions would be considered. This would help the manager and staff make use of external expertise to augment and inform their own efforts to provide a more meaningful and comprehensive programme of activities for people living in Bellerose.

We discussed some restrictions currently in place, for example in people living in the home not having permanent, ready access to the home's kitchen or having to ask for the bath plug before having a bath as these do not support their individual rights and responsibilities and should only be in place as part of a risk assessment process on an individual basis rather than as a general policy in all cases. We were told that these practices would be reviewed.

## Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

### **This is what people staying in this care home experience:**

#### Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live in Bellerose can be assured that their preferences and care needs are recorded and reflected in the way that care is given. They can be confident that the policies and practice of the home in respect of medication if put consistently into practice, should ensure that their health, safety and well-being are protected.

#### Evidence:

When we asked people who live in the home; "Do the care staff and managers treat you well?" 56% said that they always did, 22% that they usually did and 22% that they sometimes did.

When we asked people who live in the home ; "Do the care staff and managers listen and act on what you say?" 56% said that they always did, 22% that they usually did and 22% that they never did.

When we received comments from relatives, advocates and carers about the care they observed when visiting the home they were very positive; "They are very settled and happy at Bellerose, I am very grateful" and "Good individual care and understanding" were some of the comments received.

## Evidence:

When we looked at care plans we found that individual preferences, choices and wishes regarding personal care were recorded so that care staff should be able to identify how people living in the home would like their care to be provided.

We were told that people living in the home are encouraged to self-medicate although in practice this is not assessed as safe for the majority of people living in the home. It was agreed that this would be reviewed to see if in some cases, to some extent, a degree of self-medication was possible to achieve safely within a robust risk assessment framework that protected people living in the home.

Care plans seen included evidence of the involvement of a range of health and social care professionals with people living in the home and as part of the inspection process contact was made with some of these to give them the opportunity to comment on their experience of the care provided at Bellerose.

When we looked at the medication practice and records of the home we found that there were some areas where the previous high standard had not been maintained so that for example the controlled drug register in use did not comply with current requirements, some variable dosages were not being precisely recorded, the temperature of the medication storage was not being recorded to ensure it was appropriate to the medication stored in it and not all medication received in bottles or boxes was being dated when it was opened. There was also one instance found where the total of medication found did not agree with the medication administration records.

We discussed the action required to address these concerns and by the end of the inspection action had already been taken, for example an appropriate controlled drug register had been obtained and the temperature of the medication storage was being recorded.

The importance of monitoring the standard of administration of medication was discussed with the manager who agreed that staff training would be enhanced and medication more closely monitored in order to ensure it remained safe, accurate and effective.

The manager also agreed to obtain copies of all of the relevant current guidance from the CQC web-site and from other appropriate bodies such as the Royal Pharmaceutical Society so that training could be based on what is current best practice.

## Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in Bellerose can be confident that they will be provided with opportunities to give their views and that these will be taken into account in the way the home is run. They can also be confident that care staff and managers are aware of what constitutes abuse and that they know what action to take if it is reported, seen or suspected.

Evidence:

When we asked people living in Bellerose if they knew who to speak to if they were not happy and if they knew how to make a complaint, 89% said that they did in both cases and 11% that they did not.

The home's brochure and service user guide includes details of the complaints policy and procedure and gives details of some external contacts.

We saw evidence of the involvement of families and other external agencies, for example day centres that would provide an opportunity for people living in Bellerose who had a concern or complaint to raise them outside of the home if they felt unable to do within the home for whatever reason.

When we asked people who live in the home if care staff and managers listen to what they say and act upon it, 78% said that they either always or usually did and 22% that they never did.

Evidence:

We were told that care staff have all received training in the safeguarding of vulnerable adults and copies of the Hertfordshire County Council policy and procedure were available in the home.

The home have provided information to the CQC in respect of significant events affecting the well-being of people living in the home, for example unexpected or extended absences from the home or incidents giving rise to police involvement.

We were told that service user meetings take place regularly although these are not always fully recorded and the intervals between them seem to vary. The manager indicated that much of the 'consultation' that takes place is in the form of informal 'one to ones' as part of the everyday routine of the home.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in Bellerose can be confident that it provides a comfortable, clean and safe environment for them.

Evidence:

When we asked people who live in Bellerose if the home was fresh and clean, they told us that it either always or usually was. Relatives advocates and carers who responded to our surveys told us the home was always clean and tidy and that it provided a comfortable and 'homely' environment.

When we walked around the home we found some warning notices were poorly positioned and 'warning' tape on steps had become very hard to see. When we raised this with the manager he indicated that steps would be taken immediately to address this. There has been some work done throughout the home, including new windows in places and a partially refurbished kitchen.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live in Bellerose are supported and provided with care by well motivated, trained and supported care staff.

Evidence:

"We are a home that is maintained at a high standard but we are always looking for ways to improve our service" was the comment of one member of staff. When we spoke to care staff they confirmed that they did receive regular supervision and training and this was basically confirmed by records seen although some formal supervision records were so brief and repetitive that they conveyed very little useful information. In speaking to staff and the manager it was clear that great store is set on consistent informal 'supervision' and support rather than formal sessions.

"Approachable management- any problems are discussed and solved".

When we asked people who live in Bellerose if the care staff and managers treated them well 78% said that they either always or usually did with 22% saying they sometimes did. "I would like to say that on the whole I am very happy at Bellerose and would like to stay there as long as possible" was one typical comment.

When we looked at recruitment files for recently recruited staff we found that references and criminal records bureau checks were in place. There was some

Evidence:

discussion about the documentation on file relating to student visas and it was agreed that the position would be clarified and the outcome reported to the CQC to confirm everything was in order.

Staff surveys indicated that there was no particular issues with staffing numbers, which were felt to be appropriate and adequate. This was not raised as a concern by people living in the home or relatives advocates and carers who responded to us.

Some of the staff surveys suggested that improved communication would be helped if there were more regular staff meetings.

Overall the staff surveyed or spoken with were positive about their experience of working at Bellerose and felt that good care outcomes were achieved for the people who live there.

## Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live in Bellerose can be confident that the management and organisation of the home will deliver good care outcomes for them and that where shortcomings are identified they will be addressed.

Evidence:

"I am happy with how things are being done" was one comment received from a person living in Bellerose" and this positive view of the home and the care outcomes achieved was reflected overall in views expressed by staff, relatives advocates and carers and by the majority, if not all of the people who live in Bellerose.

The AQAA was again poorly completed and this was discussed with the manager. There was no evidence that it formed part of the ongoing quality management of the service and it did not give any clear sense of direction for the home.

We were told that surveys are sent out to stakeholders and people living in the home on an annual basis and that the responses to these are analysed by the proprietor and manager.

## Evidence:

The most up to date guidance and advice was not always available, for example in respect of medication in care homes, although there was evidence that recent developments in respect of mental capacity had been identified and were being incorporated in practice and staff training.

Staff working in the home told us they felt well supported by the manager and in practice the management team work well together and achieve good care outcomes for the people who live in Bellerose.

Significant changes in the regulation of care services over the past three years and others that are imminent were discussed with the manager and his team and the importance of putting in place a management system that allows for the constant development and improvement of care services was emphasised.

Throughout the inspection the manager and his team were open and receptive and where specific shortcomings were identified action was taken immediately to address them.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	20	13	<p>The manager must put in place an effective process for the monitoring of the administration of medication in the home.</p> <p>This is so that the standard of practice can be assessed and any errors identified promptly so as to safeguard the health, safety and welfare of people living in the home</p>	30/11/2009

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	8	The registered manager should review the formal and informal processes in place to ensure that people living in Bellerose feel that they can influence the development and review of services provided and that all forms of consultation undertaken are captured and recorded.
2	9	Care plans for people living in Bellerose should be reviewed to ensure they satisfactorily address both generic risks as well as specific risks individual to each person living in the

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		home. These risk assessments should be kept under review to ensure that people living in the home can take responsible risks and that any decisions taken to restrict their freedom to do so can be justified and are recorded.
3	20	The manager should obtain and keep up to date all relevant guidance and protocols for the administration of medication in care homes and ensure that he and all care staff are made aware of their contents and ensure that the home's policies and procedures in respect of the administration of medication are fully complied with at all times.
4	22	The manager and staff should review current practice and consider how the people who live in the home can be given greater confidence that their views are being heard and taken into account in order to address the minority of people living in the home who do not think this is currently the case. Consideration should also be given to how the home records or captures the more informal process for gaining the views of people living in the home and to make sure that formal meetings with people who live in the home are held at regular intervals and are recorded fully.
5	24	The manager should ensure that where warning notices are considered necessary that they are positioned where they can be seen clearly at all times and that any warning tape in place is repaired or replaced as soon as it becomes necessary to do so in order for it to remain effective.
6	36	Informal supervision records should be improved to make them more useful and meaningful and consideration should be given to ways that staff communication might be improved for example by holding more regular staff team meetings.
7	38	The manager should ensure he is supported by access to up to date guidance on best practice and that wherever possible support and sharing of experience with other care providers is facilitated to provide opportunities for keeping informed about developments in the provision and management of care services. This will benefit not only the manager but also his staff team and people living in the home.

## Helpline:

**Telephone:** 03000 616161

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

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

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