

Review of compliance

Mastercare Residential Home Association Bellerose	
Region:	East
Location address:	14-16 Westland Road Watford Hertfordshire WD17 1QS
Type of service:	Care home service without nursing
Date of Publication:	August 2012
Overview of the service:	Bellerose provides accomodation for adults between 18 - 65 years who have mental health conditions

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Bellerose was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People told us they like the location of Bellerose as they are very central for shops and transport links.

What we found about the standards we reviewed and how well Bellerose was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard because people experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard because people were protected from abuse or the risk of abuse and their human rights are respected and upheld.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was meeting this standard because people who use this service receive their medicines at times when they need them and they are administered safely and in accordance with the medication policy.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard because people who use the service benefit from sufficient numbers of staff with the right skills and competencies to meet their needs.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Overall the provider was meeting this standard because they had a system in place for monitoring the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People who use this service told us that they liked living at Bellerose because it was located very centrally and they could go shopping and use many of the surrounding facilities such as learn direct. Another person told us the building was a bit gloomy with a lot of different doors and hallways, and described it as being like a warren. One person told us that they often went to do activities away from the home which they really enjoyed. A person told us that they really enjoyed cooking and that they were supported to experiment with all different kinds of food. Another person told us that they were going to the races soon and were very excited about this.

Other evidence

We were shown the care and support plans for the five people who live at Bellerose. They had all been reviewed on the 18 July 2012. A system generated reminder detailed the next review as being due on 13 January 2013. The support plans all contained very detailed information about how people were supported. They had been completed with input from people who use the service. Three of the five support plans had been signed by the person to confirm their agreement with the support plan. In two cases the support plan had not been signed and the manager told us this was because the people concerned had not agreed with some of the information contained in the support plan and had refused to sign it. The two support plans which had not been signed were being reviewed by the care coordinator to see if agreement could be reached. We saw evidence that people's support plans were regularly reviewed to reflect peoples changing needs.

Risk assessments were in place for all people who use this service. The risk

assessments were reviewed regularly and completed on the 18 July 2012 the same date as the care plans were reviewed. The manager told us that the review of care plans and risk assessments were completed on the same date as this provides consistency and people find it reassuring to know that their reviews will be completed at the same time. People had risk assessments in place which related to their safety and well being within the home and other risk assessments which were for assessing people's safety when attending activities away from the home, including various outings which were arranged by the home.

People were encouraged to choose their own food and where possible to cook for themselves. People do their own shopping with support from their key workers. People's weight is monitored every month and this is recorded in their support plan. People had individual activities diaries which included either one to one or group activities in the home and also details of when they attended drop in centres, exercise classes, and learn direct.

A daily communications book was completed during each shift, and any events, incidents and or concerns were recorded and handed over to the incoming staff at the beginning of each shift. Each member of staff was required to sign the book to confirm that they have read the relevant entries and were aware of people's current needs and support requirements.

One of the people living at Bellerose was living in a bedsit within the home which had a kitchen and bathroom with shower facilities. This facility enabled people who required minimal support to develop their everyday living skills to enable them to move in the community in the future.

Our judgement

The provider was meeting this standard because people experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us that they felt safe living at Bellerose. A person told us that they have a key worker and they can always discuss any concerns with them. People told us that they are well looked after by the staff and it made them feel secure.

One person told us that they were not happy and did not agree with their medication regime and medical treatment which was administered at a NHS location. We were able to see that the records for this person contained specific and current information relating to medication requirements for this person. The manager told us that the issue relating to the persons treatment was being addressed with the persons care coordinator at a review meeting which was in the process of being arranged.

Other evidence

Staff working at Bellerose told us they us they have a Bellerose safeguarding policy and that they can also access the Hertfordshire safeguarding policy online. The two documents are used as a collective document.

We spoke to staff about safeguarding training. All the staff we spoke to on the day of our visit had either attended safeguarding training as part of their induction or had attended recent refresher training in safeguarding adults from abuse. We were able to see from training records that safeguarding training had been provided at regular intervals and staff had been scheduled to attend and were able to describe the process for dealing with and recording any safeguarding concerns.

We were able to see that staff had attended training in Whistle blowing. Staff were able to tell us what the whistle blowing procedure was about and to give an example of how they would use the whistle blowing policy if they had concerns which had not been

properly addressed within the home, and needed to be elevated to a higher authority.

Our judgement

The provider was meeting this standard because people were protected from abuse or the risk of abuse and their human rights are respected and upheld.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People told us that the staff gives them their medicines every day. If they are in pain they can ask the staff for painkillers. One person told us they did not know what all their medicines are for but that the staff know, so they were happy that the staff looked after their medication for them.

Other evidence

We saw evidence that medication was ordered as required and delivered weekly to the home. Almost all of the medication was dispensed in blister packs. Creams, eye drops and non regular medications such as antibiotics were supplied in separate containers. The medication was checked by staff weekly and stored in a locked medication cupboard in the office. There was a register of medicines book and all medicines which were at the home were recorded in the book. This meant that there was an audit trail regarding all medication and reduced the risk of errors. There were no controlled medicines at the home at the time of our visit. However we were shown the procedure that related to controlled medication. Any unused or expired medication was returned to the pharmacy weekly.

We were shown the medication administration records (MAR) charts and these were checked against all current prescribed medication. They had all been completed in accordance with the medication policy and all refusals of medication were recorded and a reason code given. In this situation people were monitored closely and if they presented any adverse affects the GP was notified and was able to give advice. People's allergies were noted on the front of their support plan. If people's condition

changed or they had side effects or adverse reactions to their prescribed medication a record of this was kept in the medical section of the care plan. This was also recorded on an incident form and reported immediately to the prescriber. People's medication may have to be reviewed and changed as a result.

We were shown records of monthly medication audits however the last recorded audit was on 18 May 2012. The deputy manager told us that they were not sure why they had not recorded an audit for June and July 2012 but would be doing one immediately to bring these up to date, so that any discrepancies can be addressed and dealt with straight away.

Our judgement

The provider was meeting this standard because people who use this service receive their medicines at times when they need them and they are administered safely and in accordance with the medication policy.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People who use the service told us that they got on very well with the staff. They said that the staff supported them to do things that they would not feel confident doing on their own, such as going shopping.

Other evidence

There were two members of staff on duty on the day of our visit. Four of the people who use the service were at home and one person was attending an exercise class. We saw evidence that there are sufficient numbers of suitably qualified staff on duty to meet the needs of people who use the service. Most of the people who use the service were independent and could do most things for themselves with some support from staff.

We were able to see from the rotas that there were regularly two members of staff on covering the day shifts. There was usually one member of staff working at night. Bank staff were available to cover absences at short notice such as sickness. Bank staff were also used in a planned way to cover periods of peak demand when regular staff were attending training or were on holiday. The manager told us that this system ensures that people who use the service experience consistency.

The home did not have a manager currently; but management cover was being provided by the manager of a sister home nearby. In addition an acting manager had been appointed for three months while the recruitment of a permanent manager was in progress. There was also a deputy manager in post. This arrangement ensured that there was adequate management cover available at all times.

The acting manager told us that there were usually a male and female member of staff

on duty to ensure people's stated preferences about who provides personal care to them were upheld. The only time this is not possible is during the night. However minimal personal care was provided at night and there was an on call person to provide backup if required.

Our judgement

The provider was meeting this standard because people who use the service benefit from sufficient numbers of staff with the right skills and competencies to meet their needs.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us they could not remember if they have been asked if they are happy with the quality of care they received, or if they had been asked to complete a questionnaire.

Other evidence

The acting manager told us that they had not done any formal quality monitoring this year. This is mainly because earlier in the year they had a serious flood and the one person living in the home at the time was moved to their sister home at a location nearby. The home had only been taking referrals since March 2012 when the flood damage renovations had been completed.

We saw evidence of one resident's meeting, however quality monitoring was not on the agenda, although people were asked if they were happy with everything and the minutes stated that there were no issues raised.

We were shown the quality monitoring questionnaires that have been prepared to send to people to capture feedback but this has not yet been done, for this year. Last year there had only been one person living at the home, and so it was deemed impractical to do a survey but the person was asked regularly about the quality of care they received.

We were shown the questionnaires that had been developed and were in the process of being given to people living in the home. The questionnaires were designed to capture people's views about the quality of care people receive but were unable to assess the impact of this survey as it had not yet been completed.

There was a complaints procedure in place. Comments and compliments were also recorded. There was no evidence on how information that was recorded might be analysed or evaluated with a view to improving the service. However this was a very

small home with only five people living there and it was evident that the staff working at the home knew the people living in the home very well and had frequent discussions about the home. If issues were brought up they were addressed informally.

Accidents and incidents were recorded but we did not see any evidence about how the information was used to establish what had caused them or to improve practice or avoid the same issues from reoccurring.

Our judgement

Overall the provider was meeting this standard because they had a system in place for monitoring the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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