

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

## Bellerose

14-16 Westland Road, Watford, WD17 1QS

Tel: 01923444634

Date of Inspection: 30 April 2013

Date of Publication: May 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

**Management of medicines**

✘ Action needed

**Requirements relating to workers**

✘ Action needed

**Staffing**

✘ Action needed

**Records**

✘ Action needed

## Details about this location

Registered Provider	Mastercare Residential Home Association
Registered Manager	Mr. Chinedu George Michael Obinwanne
Overview of the service	Bellerose provides accommodation and personal care for up to nine people with mental health conditions
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care 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

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### Why we carried out this inspection

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We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider, took advice from our pharmacist and were accompanied by a pharmacist. We talked with other authorities.

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### What people told us and what we found

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During our inspection, we met all eight people who use the service. They were relaxed and content and were complimentary about the service and the care they received.

One person said, "The staff are all very good, kind and polite." They added that they had settled down since moving in, and that 'everyone seemed to get along well with each other.'

Three people showed us their bedrooms, which were reasonably tidy, and had personal items on display, reflecting the person's lifestyle.

People we spoke with said that they had freedom to leave the premises as they pleased as long as they informed a member of staff. One person said, "I tell the staff when I go out and when I return. I go out every single day and do my own shopping." This showed that people had been given choices, and their wishes and preferences had been respected.

A member of staff explained to us that all the people had opted to have personal allowances, to assist them with shopping for their own food. People had been encouraged and supported to lead independent lives. We observed that staff gave support and assistance accordingly.

Concerns relating to safe medicines management were identified during an inspection on 15 April 2013. A specialist review of the safe handling of medicines was requested urgently. This was carried out on 30 April 2013.

Our inspection on 19 April 2013 identified concerns with recruitment processes, insufficient staff numbers and staff who worked long hours.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 06 June 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.

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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

✘ Action needed

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

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### Our judgement

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The provider was not meeting this standard.

The provider did not always have the appropriate arrangements in place to ensure that people were protected against the risks associated with the unsafe management of 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.

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### Reasons for our judgement

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We used a number of different methods to help us understand the experiences of people using this service. We talked to staff and looked at storage and record keeping of medication. We talked to some people who lived in the home and they told us how they managed their own medicines and they showed us where they stored them securely.

During the inspection, on 30 April 2013, we saw evidence of peoples' current medicines, but when we looked at the Medication Administration Records (MAR) charts, for the nine people who lived in the home, we saw that medicines were not always recorded appropriately.

We saw for one person prescribed a pain killer for a painful joint that they had finished their medicine on 25 April and there was no reason stated on the MAR for not giving this medicine for the next 5 days. We were told that a doctor's appointment had been arranged and could see that a milder painkiller was being given as required, however we could not be assured that the person was receiving the treatment they needed.

We saw gaps on the MAR for two people's medicines on 15 April 2013. When we looked at stock checks we could see that the medicines had been given and we also read that there was a home emergency that morning. The home had a daily MAR checklist to check that the MARs were completed accurately each day and it was signed for on 15 April 2013 with no record of the missing signatures.

Two people had 'temporary' MARs in use. We determined that these were the home's own designed MAR charts rather than the supplying pharmacist's and were permanent records of administration. The provider told us during this inspection that they understood the

confusion in this terminology and also the risk of error in using two different MAR. They said that they were in the process of changing their pharmacist supplier to improve systems.

There was lack of clarity in the recording of administration of a medicine prescribed in a weekly increasing dose to reduce side effects. We saw for week one and two that the dose was recorded accurately, but for week three there were gaps in recording, suggesting that one twice a day rather than the one three times a day prescribed, was given. When we looked at the stock records we saw that on three occasions, two tablets rather than one was recorded as used. We were told that staff often did a daily or twice daily stock count but the MAR is the permanent legal record of administration and we were not sure whether the medicine had been administered as prescribed.

There were three discrepancies in recording for another person. The GP had written a protocol for a medicine to treat anxiety on 26 April 2013. There was no record of administration in accordance with this protocol after 27 April 2013. We were told that this person was refusing their medicine but this was not recorded on the MAR or other records. We were told that they had gone to their GP on 29 April 2013 to discuss their medication and we saw evidence of a visit in their daily care notes. We read of no action to be taken after the visit. For this same person an antibiotic and sleeping tablet were not recorded as given or recorded as refused on 25 April 2013 but we could see from stock counts that the medicines had been removed from the packaging.

Medicines were stored securely in people rooms or in a locked cupboard in the office. The home also had a supply of a medicine requiring special storage to meet specific legislation and this was not stored appropriately. Records for the medicine were accurate.

Several people were able to self medicate and we saw that risk assessments had been updated and were current. One person was on stage 1 of a carefully planned self medication programme but we noted in the person's assessment that there was lack of clarity in their involvement in the dispensing of their medication into a compliance aid.

The home had a medicines policy and there were procedures for managing medicines when people went on leave, when medicines were prescribed as required and when there were errors involving medicines. When people went on leave we saw that they took their original labelled medicines supply and there was an appropriate endorsement on the MAR. Medicines errors were recorded in an incident book and the manager showed us the new template they had designed for medicines prescribed as required so staff knew when and how often they could give a medicine which was not needed regularly.

During our earlier inspection, on 15 April 2013, inconsistency in recording, poor transcribing of doses of medicines and untidy illegible MAR had also been identified. The provider was beginning to address these concerns, had taken action, and had organised training with a new pharmacist supplier and was working to introduce new safer systems by July 2013.

**People should be cared for by staff who are properly qualified and able to do their job**

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## **Our judgement**

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The provider was not meeting this standard.

The provider did not have an effective recruitment procedure in place to ensure people's safety and to ensure that staff working at the home worked in line with their permitted number of hours in accordance with restrictions placed on their UK Border Agency Clearance visas.

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.

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## **Reasons for our judgement**

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During our inspection, the manager showed us the recruitment files for two new staff members. We reviewed the application forms, the handwritten interview notes and other relevant documents. The manager explained the recruitment process. The manager had ensured that the application forms reflected the past employment history of the applicants and their qualifications and training. The recruitment procedure included a verbal interview, and taking up at least two references. Members of staff we spoke with confirmed that they had only been permitted to commence work after enhanced Criminal Record Bureau (CRB) clearance had been obtained. The CRB certificates were evidenced in the staff folders. However, we noted that, in the case of five other recruitment files, relating to staff employed prior to the change in management in November 2012, not all the recruitment documents were present. For example, the signature of the referee was missing from one reference letter, there was only one reference letter in one staff file, one person had no photo identification and in the files of two staff members there were no references. These inconsistencies in record keeping meant that the recruitment and record keeping processes had not been followed appropriately and accurately. People's safety had been compromised as they may not have been safely cared for by reliable, fit and experienced staff.

We noted that three care workers had student visas with a stated restriction on the number of hours they were allowed to work each week during term time. We found, through our review of the staffing rotas and timesheets, that these members of staff had exceeded the number of hours they were permitted to work each week stipulated in their visa conditions. Therefore there is a risk that the UK Borders Agency could take action against the provider and the members of staff concerned which may impact on the staffing arrangements at the home.

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

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## Our judgement

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The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's care needs. The provider did not ensure that at all times there were sufficient numbers of skilled and experienced staff on duty. People may not be cared for appropriately due to staff working long hours without a good break in-between shifts.

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.

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## Reasons for our judgement

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During our inspection, we were told that there were two members of staff on each day shift and one on night duty. The manager who spends some time at each of two homes, namely Park Lodge Residential Home and Bellerose, felt that the staffing levels were adequate for the current client group and number of people. Although the manager was present on the day of our inspection, we noted that the two members of staff present on the day had no previous experience of working in care homes. One of the staff members, a newly appointed deputy manager, who commenced work in February 2012, had limited care home experience, and the other had no previous care home experience. The staff confirmed that they went through an induction training programme, which had included shadowing experienced staff. However, people may not have received appropriate care and treatment due to the appointment of inexperienced staff.

When we reviewed the staff rota and timesheets, we noted that the number of staff employed may not be sufficient to cover all the shifts, as some staff had been working in both care homes owned by the provider. From December 2012 to April 2013 there had been occasions when staff did not have suitable breaks between shifts. The shift times were from 07:30 to 15:00 for an early shift, 14:30 to 22:00 for a late shift and 21:45 to 07:45 for a night shift. We noted that a member of staff had worked an early shift, finishing at 15.00 hours followed by a night shift commencing at 21:45 hours on the same day. On another occasion, the same member of staff had worked a night shift, finishing at 07:45 hours followed by a late shift commencing at 14:30 hours. One member of staff was working a late shift in one service followed by a night shift at another service without a break. This meant that the European Working Time Directive had been breached, as these employees had not had a minimum of 11 hours break between shifts. People who use the service may not be cared for appropriately due to staff not having adequate rest.

The manager stated that the member of staff working nights was required to check and record people's whereabouts and night activity every two hours. The manager also said

that they had carried out random night visits to support the night staff and to ensure that appropriate care was being given at night. People we spoke with were all complimentary about the care provided by the day and night staff.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment due to poor record keeping. The recruitment records had not been maintained and there were recording errors made in the Medication Administration Record charts.

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.

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## **Reasons for our judgement**

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During our inspection, we found that not all the staff recruitment folders had been maintained consistently. There were some documents missing, such as interview notes and contractual agreements, and there was a reference without the signature of the referee. We noted that some folders had appraisal and supervision notes, but they had not all been updated and maintained. The new registered manager stated that he had carried out staff supervision since he started working at the home. However, not all these documents were in the staff folders. Although the registered manager had showed us the interview notes, not all were kept in the staff files.

There were inconsistencies in the way the Medication Administration Record (MAR) charts were recorded by members of staff. The recording methods used, and the recording errors made, may lead to administration errors and exposing people to risk of harm.

The director said that they had recognised inconsistencies in record management, and that this matter would be addressed.

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	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b> The provider did not always have the appropriate arrangements in place to ensure that people were protected against the risks associated with the unsafe management of medicines. Regulation 13.
Accommodation for persons who require nursing or personal care	<b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Requirements relating to workers</b>
	<b>How the regulation was not being met:</b> The provider did not have an effective recruitment procedure in place to ensure people's safety and to ensure that staff working at the home worked in line with their permitted number of hours in accordance with restrictions placed on their UK Border Agency Clearance visas. Regulation 21 ( a )( i )( ii ) ( b )
Accommodation for persons who require	Regulation
	<b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</b>

**This section is primarily information for the provider**

nursing or personal care	<p><b>Staffing</b></p> <p><b>How the regulation was not being met:</b></p> <p>There were not enough qualified, skilled and experienced staff to meet people's care needs. The provider did not ensure that at all times there were sufficient numbers of skilled and experienced staff on duty. People may not be cared for appropriately due to staff working long hours without a good break in-between shifts. Regulation 22.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Records</b></p> <p><b>How the regulation was not being met:</b></p> <p>People were not protected from the risks of unsafe or inappropriate care and treatment due to poor record keeping. The recruitment records had not been maintained and there were recording errors made in the Medication Administration Record charts. Regulation 20 ( 1 )( a )( b )( i )( ii ); ( 2 )( a )</p>

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 06 June 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 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

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### Essential standard

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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)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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

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

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

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