

***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: 09 July 2013

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

Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

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

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Why we carried out this inspection

We carried out this inspection to check whether Bellerose had taken action to meet the following essential standards:

- Management of medicines
- Requirements relating to workers
- Staffing
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and were accompanied by a pharmacist.

What people told us and what we found

We carried out this follow up inspection on 09 July 2013 to check whether the service had made improvements to become compliant in relation to the essential standards for management of medicines, requirements relating to workers, staffing and record keeping.

During our inspection in April 2013, we had found that the provider was not compliant with these essential standards. Concerns relating to safe medicines management were identified and a specialist review of the safe handling of medicines was carried out on 30 April 2013. In addition there were recording errors made in the Medication Administration Record charts.

The provider did not have an effective recruitment procedure in place to assure 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 also found that there were not enough qualified, skilled and experienced staff to meet people's care needs and that staff had been working long hours without an adequate break between shifts. We further noted that the recruitment records had not been maintained appropriately.

During this follow-up inspection, we found that the provider was now meeting these essential standards of quality and safety.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Management of medicines

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Concerns relating to safe medicines management were identified during an inspection on 30 April 2013 and the home submitted an action plan to improve in this area.

During this follow-up inspection, we saw that medicines were recorded appropriately. When we looked at the medication administration records (MAR) for the nine people who live in the home we saw that there were no omissions. We audited supplies of medicines for 6 people and found that they could be reconciled with the records. This meant that people were receiving their medicines as prescribed.

The home had a daily MAR checklist to check that the MAR were completed accurately and there were daily stock counts of medicines supplied in their original containers. We saw that unwanted medicines were recorded and disposed of appropriately.

Medicines were stored securely in people's rooms or in a locked cupboard in the office. The home kept some medicines which required special storage and these were stored appropriately to meet the legislation. Records of balances for the medicines were accurate but there was confusion in the recording of supplies of different strengths of the medicine. This was addressed at the time of the inspection and the provider confirmed that all staff would be trained on good practice in recording these medicines.

Several people were able to self-medicate and we saw that risk assessments had been updated and were current. The home had a new pharmacist supplier and they provided weekly dosette boxes to aid self-administration. The new pharmacist supplier had provided medicines training to all the staff in May 2013 and staff had been assessed for competency.

The home was now compliant with this standard. There were appropriate arrangements in place to ensure that medicines were handled safely.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

During our review of the service in April 2013, we had concluded that the provider was not compliant with this standard because the staff recruitment files had not been appropriately maintained and staff with student visas had exceeded the hours they were permitted to work during term time.

During the follow-up inspection on 09 July 2013, we checked the recruitment folders of two new members of staff who had joined since the last inspection. We found that the application forms reflected the past employment history of the applicants and included their qualifications and training. The recruitment procedure included a verbal interview and taking up at least two written references. The Disclosure and Barring Service (DBS) certificates were present in the staff folders. We were told that new members of staff only commenced work after DBS clearance had been obtained. These measures had ensured people's safety.

We noted that appropriate records had been kept for a member of staff who had a student visa. We saw a copy of the letter from the college stating clearly the dates of the terms. This matched the revised staffing rota, which reflected clearly the student's duty. This had ensured that this member of staff had not exceeded the number of hours they were permitted to work each week in accordance with restrictions placed on their visa.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During our review of the service in April 2013, we had found that there were not enough qualified, skilled and experienced staff employed, and existing staff had been working long hours without an adequate break between shifts.

During the follow-up inspection, we were told that additional staff had been recruited, including a senior support worker and a support worker. We checked the recruitment folders of the two new staff and found that the recruitment records had been appropriately maintained. This had ensured that the number and skill mix of staff were appropriate to care for people safely. The manager stated that the shift hours had been revised so that staff only worked reasonable hours. This had ensured that people received appropriate care and treatment.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our review of the service in April 2013, we had concluded that the provider was not compliant with this standard because the staff recruitment files and the Medication Administrative Record charts had not been appropriately maintained.

We noted at the time that not all the staff recruitment files had been kept consistently. Further, there were inconsistencies in the way the Medication Administration Record (MAR) charts had been completed.

During the follow-up inspection on 09 July 2013, we checked the recruitment folders of existing staff and of two new staff who had joined the organisation since our last inspection. We found that the recruitment records had been appropriately maintained. We also found that the MAR charts had been accurately recorded with no gaps found. We further noted that people's care plans and daily records had been reviewed regularly and maintained appropriately. This meant that people had been safely cared for by reliable, fit and experienced staff.

The staff we spoke with confirmed that they had received training on record keeping and the Data Protection Act 1998. The manager stated that the safe storage and handling of confidential information had been discussed and reinforced at supervision and staff meetings. This had ensured that all staff followed the company's policy and procedure on record keeping appropriately and in accordance with the Data Protection Act 1998.

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.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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