

HC-One Oval Limited

The Harefield Care Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

The Harefield Care Home offers accommodation and personal or nursing care for up to 40 people, some of whom are living with dementia. The accommodation is provided in two ground floor units in a purpose-built building. There were 25 people using the service at the time of our inspection. The service is part of HC-One Oval Limited, a large organisation which operates over 300 care homes across the United Kingdom.

People's experience of using this service and what we found

Although improvements had been made in the way the service was run, and there were more effective quality monitoring systems in place, further improvements were required. Monitoring systems had not identified that some records were still not written in a person-centred or effective way, and the management had failed to take prompt action about a safety concern.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

There were systems and processes in place to protect people from the risk of harm. There were enough staff to meet people's needs. Covid-19 risk assessments were also in place for each person using the service to minimise risks associated with the infection.

People were supported by staff who were suitably trained, supervised and appraised. Staff told us they felt supported in their role.

People's records about personal safety checks such as repositioning charts and pressure mattress checks were completed appropriately and as stated in their care plans.

People and relatives told us the staff met their needs and they felt listened to. They were offered a range of activities of their choice and staff knew how to communicate with them.

The provider had appropriate arrangements for visiting to help prevent the spread of Covid 19. Visitors had their temperature taken before being allowed to enter the home. They were supported to wear a face covering when visiting, and wash hands before and after mask use. There was sanitizing gel available at the entrance of the home and visitors were requested to use this.

The provider had appropriate arrangements to test people and staff for Covid 19 and was following government guidance on testing. All staff received appropriate training on Covid 19, infection control and the use of PPE.

There were two designated infection control champions who monitored and carried out regular checks and audits to help ensure staff followed the correct guidelines. Staff were provided with support when they

became unwell and when they returned to work.

The provider ensured that people using the service could maintain contact with family members and friends. People were supported to have visits from their relatives and friends in designated areas where social distancing was observed. They also used technology so people could see and communicate with their loved ones.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The rating for the service at the last inspection was requires improvement. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about the safety of the environment and the leadership at the service.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. We found no evidence during this inspection that people were at risk of harm from these concerns.

Please see the safe, effective, responsive and well-led sections of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Harefield Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

At the last inspection we found breaches of regulations 9, 17 and 18 and imposed requirement notices. At this inspection we found they have met regulation 18 but were still in breach of 9 and 17. You can see what action we have taken against the provider at the back of the report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

Inspected not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

Inspected not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

Inspected not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

The Harefield Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a targeted inspection to check on specific concerns we had about the safety of the environment and the leadership at the service. We also checked if the provider had met the previous breaches of regulation.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by one inspector, a nurse specialist advisor and an Expert by Experience, who undertook telephone interviews with relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Harefield Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, two nurses, the senior housekeeper, also an infection control champion, the maintenance person and three care staff. We also met with two members of the local authority's quality assurance team who were visiting on the day of the inspection.

We reviewed a range of records. This included six people's care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, internal inspection reports, action plans and health and safety and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about the safety of the environment and the leadership. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Relatives we spoke with thought people were safe and well-cared for at the home. Their comments included, "I feel that my relative is safe because [they] receive good care in this place", "[They are] definitely safe because [they are] well looked after, even better than in hospital" and "[Their] health is improving thanks to good and constant care."
- We were alerted of an incident in July 2020, two weeks after the incident happened, where a person using the service managed to leave the home via a fire exit leading to the car park. Staff were not aware of this therefore the person was at risk. We checked all the fire exit doors and found that all could easily be opened by pressing a lever. However, most lead to the garden which was enclosed and secure. Two of the doors however, lead to the car park therefore there was a risk of accessing the main road. The doors had an alarm which was connected to the call system so staff would be alerted. The registered manager told us they had ordered a magnetic device to make the doors more secure and this was due to be installed on 17 August. We were informed on the day that the engineers had postponed the installation until 19 August. We saw evidence of this.
- Each person who used the service had Covid-19 risk assessments in place. These assessed the person's comprehension around social distancing and staff wearing PPE. There were also management plans in place detailing the person's age, underlying conditions, medical history and risk level. Each plan contained guidelines for staff about how to provide support and care should a person be confirmed positive for Covid-19, including end of life wishes and any other considerations to remember, for example, if the person had a Do Not Attempt Resuscitation (DNAR) order in place.
- There were detailed risk assessments undertaken for people who used the service and these were regularly reviewed and updated. They contained guidelines for staff on how to reduce the risk of harm. Staff conducted frequent monitoring checks, especially for people who were being supported in bed. These included repositioning, air mattresses, food and fluid, weight and skin integrity checks. We saw evidence that action was taken when a concern was identified. For example, where a person had lost weight, an appropriate referral to the Speech and Language Therapy (SALT) team had been made via the GP.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about the safety of the environment and the leadership. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

At our last inspection, we found people were supported by staff who did not always receive training the provider identified as mandatory, and staff did not always receive regular supervision from their line manager. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18.

- One staff member felt that they had enough training to know how to meet people's needs and thought the training was of a good standard and regular. However, they went on to say, "Training is online, but I prefer face to face. Manual Handling is face to face." The registered manager confirmed they delivered training in varied ways such as face to face or online. Staff competencies were assessed regularly by checking their learning following training. Staff we spoke with indicated they felt well supported and received regular supervision. Records we looked at evidenced this.
- We viewed the training matrix and saw that all staff had received training and regular refreshers in subjects the provider identified as mandatory. However, a minority of staff training was overdue. The registered manager told us they were newly recruited staff and they had been invited to complete their training by 7 September 2020. We saw evidence that the staff members had been written to about attending the necessary training.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about the safety of the environment and the leadership at the service. We will assess all of the key question at the next comprehensive inspection of the service.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
At our last inspection, people's activity records showed that staff did not always use respectful language and did not always demonstrate and understanding about the person's needs. Activity provision did not always meet people's individual needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, some improvements had been made but further improvements were needed in relation to language used in communication with people and their relatives to make care more person centred.

- Some staff still used words such as 'aggressive' to describe a person, without making clear what that entailed for the person. One relative told us they were, "Fed up with staff telling me my [family member] is aggressive. It makes me feel bad."
- There were behaviour monitoring charts (ABC forms) completed where the person displayed behaviours that challenged, but these were not completed appropriately and staff did not always analyse what the triggers might have been so appropriate person centred care plans could have been put in place to meet the person's needs. We fed this back to the registered manager who told us they would investigate this and take appropriate action.

The above was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives were happy with the activities provided to their family members. One relative told us, "I don't know how they managed but [family member] attended an indoor bowling session organised by a carer during lockdown. I received a photo and video. It was like seeing a different person" and another said, "I am glad they still have activities indoors. Curling every Wednesday and hair pampering...after each session I receive a photo or video. I am happy with that."
- People were supported to undertake activities of their choice. We viewed a range of activity records completed by the activity coordinator, which were written in a kind and respectful manner using the person's name and mentioning how they were feeling, and if they enjoyed the activity.

- The activity coordinator kept a record of individual activities undertaken with people, and these appeared to reflect the person's individual interests, for example, one person was interested in photographs and cameras and this seemed to be a topic they discussed often.
- There was a weekly activity schedule displayed for people. Activities on offer included slow yoga, board games, music and movement, art therapy and movie afternoon. Meeting minutes of a residents' meeting showed people were happy with the current activities and had no other suggestions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's records contained details about how they wanted to communicate. Staff we met appeared to communicate well with the people they supported. Where people had difficulties communicating verbally, staff used other methods such as flash cards and pictures. The people we spoke with said staff were kind and caring and they felt safe and happy at the home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about the safety of the environment and the leadership at the service. In addition we also looked at whether the provider had made improvements to the previous breaches of regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider's quality monitoring systems had not always been effective and had failed to identify the issues we had found in a timely manner so they could make the necessary improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had not been made and the provider was still breaching the regulation.

- The provider had made improvements in relation to the training, induction and supervision of staff. Improvements had also been made in relation to the completion and recording of safety checks. However, further improvements were required.
- The provider's quality monitoring systems and health safety checks had not identified in a timely manner that the fire doors could easily be opened, and this posed a risk to people who used the service as they could easily leave the building. Prompt action had also not been taken by the local management team when the incident happened to report the matter and to take appropriate action.
- The quality assurance systems had also not identified that some people's care records were not written in a respectful and person-centred manner. Staff did not complete and use behaviour monitoring charts appropriately and in a way that showed they understood the person and could meet their needs. As a result appropriate actions to help support people when they behaved in a way that challenged the service might not have been identified and therefore placing them at risk of receiving unsafe and inappropriate care.

The above was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, the relatives we spoke with told us they were happy with the service and felt their family members were well cared for. Their comments included, "The manager is definitely approachable, [they are] very welcoming. I am always surprised how they are all genuinely interested in

helping and improving the life of the residents", "This place is very good, out in the country, nice building." and "Overall we are very happy how well they have done during lockdown."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person did not do everything reasonably practicable to make sure that people who used the service received person-centred care and treatment that was appropriate, met their needs and reflected their personal preferences. Regulation 9 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person did not have effective arrangements to assess, monitor and improve the quality of the service. Regulation 17 (1)