

# The Orders Of St. John Care Trust

# Hayward Care Centre

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Hayward Care Centre is a care home with nursing for up to 80 people over three floors. People had their own rooms and access to communal rooms such as bathrooms, dining rooms and lounges. People had access to outside space as the home had large gardens around the building. At the time of the inspection there were 68 people living at the home, some of whom had dementia.

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

People's medicines were not always managed safely. People did not always receive the medicines they had been prescribed. During June 2022 there were eight incidents in which people were either not supported to take their medicine at all, or they received a lower dose of medicine than they had been prescribed. We also found one person had no stock of their medicine and had missed 14 doses due to a delay by the supplying pharmacist.

The provider did not have effective systems to assess the quality of the service and make improvements. The registered manager had identified the high number of medicines errors and had included actions to address this on a service improvement plan. Despite the actions that had been taken, the number of medicine errors had increased since January 2022. No formal survey of people who used the service had been completed by the provider in the previous two years. During the inspection people told us it was clear there were insufficient staff to meet their needs. The provider had not obtained feedback from people about staffing levels to assess whether their staffing tool was effective.

People told us there were not always enough staff and they had to wait a long time to receive care. Staff told us there were not enough staff available to provide care in the way they wanted to. Our observations demonstrated staff did not always have the time to create positive social interactions with people living with dementia. There had been three occasions since October 2021 when the home did not have a registered nurse in the building for a period.

The home was clean throughout. Staff were wearing appropriate personal protective equipment (PPE). We were told the provider had good stock of PPE and staff had never been without supplies through COVID-19.

People had visitors when they wished, and people told us they liked living at the home. People told us they felt safe and they liked the staff.

Risks to people's safety had been identified and risk management plans were in place to give staff guidance where needed. Staff reviewed them regularly and updated them when needed. Systems were in place to make sure health and safety checks were carried out.

Staff worked in partnership with local professionals to make sure people's health needs were met. The registered manager knew who to contact in the local authority if they needed guidance on COVID-19.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 23 September 2020).

#### Why we inspected

The inspection was prompted in part due to concerns received about management of medicines. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has deteriorated to requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hayward Care Centre on our website at [www.cqc.org.uk](http://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 and will take further action if needed.

We have identified breaches in relation to medicines management, staffing and systems for governance at this inspection.

#### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hayward Care Centre

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by three inspectors.

#### Service and service type

Hayward Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hayward Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who lived at the service about their experiences of care received. We also spoke with twelve members of staff, the registered manager and area operations manager. We reviewed 14 people's care and support plans, two staff recruitment files, multiple medication records, incident forms, health and safety records, meetings minutes and quality monitoring records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We reviewed training data, the homes service improvement plan and policies and procedures.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- At our last inspection we found concerns with how medicines were being managed. This included protocols for medicines to be taken 'as required' not always being clear and handwritten medicines records were not always completed by two staff, which is good practice.
- At this inspection we found action had been taken to address the shortfalls from the previous inspection, however, medicines were still not being managed safely.
- People did not always receive the medicines they had been prescribed. During June 2022 there were eight incidents in which people were either not supported to take their medicine at all, or they received a lower dose of medicine than they had been prescribed.
- We also found one person had no stock of their medicine and had missed 14 doses due to an error with the supplying pharmacist. Staff had followed this up with the GP and pharmacist and stressed the urgency of the person receiving their prescribed medicine.
- The medicines administration records for the 28 days starting on 8 June 2022 contained four incidents in which staff had not signed to say they had supported people to take their medicine. For each of these four incidents, the stock of medicines held indicated people had probably received their medicines, but the provider could not be assured of that.

Failing to have systems in place to make sure medicines were managed safely was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- People and staff did not feel there were always sufficient staff deployed.
- Comments from people included, "There are not enough staff. I don't see them. Staff tell me they're short and they're not lying. It's not the same as when I moved here. They can't keep going like this"; "There are not enough of them. You have to be patient and wait for them to come to you. The staff work really hard"; and "They are short of staff. If you want help you have to wait, wait, wait."
- Staff told us there were not enough staff available to provide care in the way they wanted to. Comments included, "There are not enough staff on duty [on the ground floor]. Five are not enough, the dependency tool is not accurate. Staff are busy, at times nobody is watching or available to help people"; "We want to give the best care, but we are rushed"; "It is very difficult trying to keep everyone safe"; and "The staff doing medicines are included in the numbers. This takes them out of the picture for 45 minutes and puts them under pressure. I feel this has had an impact on the number of medicine errors." Senior support workers told us the staffing deployment did not take into account time when they were providing other support. This included administering medicines three times a day, meeting with professionals and reviewing care plans.

They said they had raised their concerns but had been told the service was staffed in line with their dependency tool.

- Our observations demonstrated care staff did not always have the time to create positive social interactions with people living with dementia. Staff tried to meet people's immediate needs, such as making sure they had drinks, however, due to the amount of people they were supporting there was no time to interact in a meaningful way. This meant people's social needs were at times not being met. We observed two people experiencing distress which needed two staff to respond. This meant other people living in that area of the home did not have staff available to support. Some people were supported to take part in various social events by the activities team. These included regular use of the home's café area for social groups and activities.
- There had been three occasions since October 2021 when the home did not have a registered nurse in the building for a period. The registered manager reported these incidents had been due to illness and being let down by an agency nurse. Plans were put in place to manage the risks to people and a nurse from another service was available to be contacted by phone.
- The provider used a staffing dependency tool which helped the registered manager calculate staffing numbers. Staff rotas demonstrated staffing levels had been maintained at the assessed levels. The registered manager reported the tool had been reviewed on the first day of the inspection due to a new person moving into the home. This review had assessed they needed an additional staff member on the ground floor. In addition to the staffing levels determined by the dependency tool, the home's management team, including a deputy manager, dementia lead and head nurse, worked to support the care staff.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. The provider had completed a criminal record check and obtained references from previous employers of new staff before they started work. Staff records contained confirmation of their right to work in the UK.

#### Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to manage any risks they faced. Examples included support for people to manage the risks relating to skin breakdown, mobility and catheter care.
- Risk assessments and management plans had been reviewed and updated as people's needs changed. People and their relatives had been involved in these reviews. Plans had also been amended to reflect risks relating to COVID-19.
- Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.



Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Comments included, "Yes, I do feel safe" and "In many ways yes [I do feel safe]. I would rather be here with people I know."
- Staff had training on safeguarding and understood how it applied to their roles.
- Safeguarding incidents were reported to the local authority and staff worked with external professionals when needed to support people to be safe.

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.

Visiting in care homes

- People were able to have visitors at the service.

Learning lessons when things go wrong

- Incidents and accidents were recorded on the provider's electronic incident reporting system. This meant senior management working for the provider had access to records for monitoring purposes.
- Records contained details of actions that had been taken to reduce the risk of incidents happening again. The registered manager had analysed incidents and identified trends, for example in relation to medicines errors. Staff had been supported to complete reflective practice following incidents. This helped them to identify where things had gone wrong and what could be done differently. Despite the actions taken, medicines errors had been increasing in the service since January 2022.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not have effective systems to assess the quality of the service and make improvements.
- The registered manager had identified the high number of medicines errors and had included actions to address this on a service improvement plan. Despite the actions that had been taken, the number of medicine errors had increased since January 2022.
- The provider had used a staffing assessment tool to identify how many staff were needed in the home. Evidence gathered during the inspection demonstrated people who used the service and staff did not feel there were enough staff deployed. Staff reported they had raised concerns about staffing levels, but no action had been taken in response. The registered manager told us no formal staff survey had been completed in the previous two years. A formal survey of staff to gain their feedback was being completed at the time of the inspection. The provider reported they would receive the collated results of the survey in September 2022.
- No formal survey of people who used the service had been completed by the provider in the previous two years. During the inspection people told us it was clear there were insufficient staff to meet their needs. The provider had not obtained feedback from people about staffing levels to assess whether their staffing tool was effective.
- During the inspection we spent time completing formal observations in the areas of the home for people living with dementia. These observations provided evidence that there were insufficient staff to meet people's needs. We used observations as some of the people in these areas were unable to tell us about their experiences. The registered manager said they had not completed any similar observations to gain an understanding of people's experiences.
- The service has been rated as requires improvement in the safe key question for the last seven years, over five inspections. Whilst the provider had taken action to address previous breaches of regulations, the systems to identify shortfalls and make improvements to the care people receive were not effective. The provider had not ensured people received a good service.

Failing to have robust and effective systems in place to assess, monitor and improve quality and safety placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People told us they liked living at the home and they liked the staff. Comments from people included, "The carers are very good. They work really hard" and "I get on very well with the staff."
- People were being cared for by a staff team who were committed to providing high quality care. However, staff told us the challenges they faced were having a detrimental effect on their experiences of working at Hayward Care Centre. Comments included, "[The staffing situation] is hard going and tiring. [Some] staff go sick, which makes the situation worse" and "It is really stressful, which can get staff very down."
- The registered manager told us they were focused on 're-setting' the service following the restrictions in place over the COVID-19 pandemic. The registered manager said they were working to a 'one-home' philosophy of supporting staff to work across the home where they were most needed, which involved changes in the mindset of some staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour responsibilities and their responsibility to be open and honest with people.

Working in partnership with others

- Staff worked with a range of healthcare professionals to make sure people's health needs were met. Referrals were made to health and social care professionals when needed. Letters received with guidance and information on health needs were stored in people's care plans.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not have effective systems to ensure people received their prescribed medicines safely. Regulation 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2) (a)