Hazelwood Care Limited

St Joseph's Care Home

Inspection report

38-40 Hindes Road
Harrow
Middlesex
HA1 1SL

Tel: 02088632868
Website: www.hazelwoodcare.co.uk

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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

St Joseph's Care Home is a care home registered to accommodate a maximum of 19 older people with dementia. On the day of this inspection there were 12 older people with dementia living in the home.

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

Medicines were administered safely, however there were shortfalls in tallying medicines remaining, guidelines about when to administer pain relief to a person and ensuring that medicines changes were clearly recorded on the appropriate records.

Assessments were carried out to ensure people's needs could be safely met, however we did find specific shortfalls for particular people in relation to risk assessment completion. Where risks were identified, there was guidance in place for staff to ensure that people were safe but not always detailed enough around behaviours that certain people may exhibit.

There were methods of monitoring the quality of the service, however, there were shortfalls to maintaining full and complete recording practices around medicines and risk assessment processes.

Rating at last inspection
The last rating for this service was requires improvement (Report published 26 October 2019).

Why we inspected
We carried out a short notice announced focused inspection of this service on 19 January 2021. The provider was not found in breach of regulations at the time of the previous comprehensive inspection, however the service was identified as requires improvement in safe and well-led and rated as requires improvement overall as the result of that inspection. We carried out this inspection to examine if improvement had been made. We also carried out a check of infection prevention and control.
This report only covers our findings in relation to the key questions safe and well-led which were rated as requires improvement in the previous comprehensive inspection report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed and remains as requires improvement. This is based on the findings at this inspection as the service had improvements that needed to be made.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Joseph's Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

St Joseph's Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this focused 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.

Inspection team
The inspection team comprised of two inspectors.

Service and service type:
St Joseph's is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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
We gave the service two hours' notice of our inspection before we arrived in order to ensure that the service were aware of us coming into the home.

What we did before the 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. Prior to the inspection we also contacted the local authority that commissions the service.

During the inspection-
We observed care to help us understand the experience of people who could not talk with us. We spoke with two care staff, the team leader and registered manager.

We reviewed a range of records. This included four people's risk assessment and medication records and COVID-19 information provided to people living, working and visiting the service. We also looked at the complaints record, and positive feedback received from relatives of people using the service.

After the inspection –
We continued to seek clarification from the provider to validate evidence found. We looked at infection control, staff disclosure and barring service renewal information and quality assurance records.

Requires Improvement

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 requires improvement. At this inspection this key question 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

• Medicines that were given as required [known as PRN] did not have PRN protocols guiding staff on when these medicines for a particular person should be administered. This administration need was based on staff knowledge of the person using the service rather than guidelines. There was a risk that, although care staff told us they knew the person very well, there may be a different interpretation of when the person's behaviour may indicate that they were experiencing pain or discomfort, and when the medicines should be given.

• Creams were administered by care staff and the administration was then recorded on a topical cream administration chart. We saw an example of topical creams application records [TMARS] for service users from the last month. We found that not all administration was recorded on the TMARS body maps to show where the cream was applied. The registered manager explained that staff took a copy of previous TMARS on the printer before the charts were returned to the dispensing pharmacy for review which meant that the highlighted body parts were not showing. He acknowledged this was incorrect and he would address it with the staff.

• Changes to medicines, for example dosage, were not consistently recorded. We were told by the registered manager and team leader that if a change of medicine for an individual person occurred this was recorded in the medicine's diary which was checked [this was a general medicines diary not for individual people]. At times changes to medicines were recorded on the list of medicines in the medication administration record [mars} file. The registered manager showed us an example of a medicine change being recorded on the appropriate record when the change occurred [mar chart]. However, the system was potentially risky as different records were being used to record medicine changes which could result in confusion about what change had occurred and when. In one case the medicines changes were written on the outside of the plastic folder containing a list of medicines prescribed but not on the actual medicine list inside the folder. We did not identify that anyone had come to any harm as a result of these documentation inconsistencies, however, to minimise the potential risk of unnecessary harm more needed to be done to correct these processes. This is in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

• The registered manager and team leader took responsibility for administering all medicines. The team leader said they received medicines training when they started their employment in December 2019. The competencies had been checked by the registered manager which we confirmed.

• Medicines were issued by the GP and prepared by the pharmacy [including medicine administration

charts]. Medicines were ordered and delivered to the service on a 4-weekly cycle. Unused medicines were being recorded correctly as unused and returned to the same pharmacy. Unused medicines were stored separately in the office upstairs, together with newly received medicines. They were stored in the lockable office, however, not in the lockable cabinet. We told the manager during our inspection that this needed to occur, and he accepted this and said it would be addressed immediately.
• No covert medicines or controlled drugs were being used at the time of our visit. Everyone using the service relied on staff to administer medicines to them and this was reflected in care plans.

Assessing risk, safety monitoring and management
• Risks were assessed or acknowledged however this was inconsistent from a person to person and from a condition to condition. We saw examples when the risk was obvious, for example, person had diabetes or needed equipment to move safely, this was assessed and staff were given guidelines on how to support these people. However, we identified specific elements about risks people may encounter due to changes in behaviour which were not assessed in full.
• When people had behaviour that could challenge the service this was acknowledged in their care plans. However, there was no risk assessment in place to guide staff on how to recognise triggers to this behaviour for two people using the service, or how to manage it, and what action to take if the behaviour happened.
• One person was known for a particular behaviour that posed a risk that this would affect others and also the person themselves. However, there was no risk assessment in place around responding to this behaviour.
• In another example a person exhibited a different behaviour which could also be challenging to others. The care plan stated that the person takes medicine for this behaviour which helps make the person more relaxed. However, there was no risk assessment to explain the triggers for the behaviour or how this could be minimised. Consequently, there was a risk that the staff would not know what action to take if the person displayed the behaviour that risked causing harm to themselves or distress for other service users.

This is in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment..

• However, we did find good examples of where risk assessments had fully acknowledged the risk and described how it could be managed.
• When people were diagnosed with diabetes there was a clear risk assessment on diabetes and risks related to these conditions (high and low blood sugar levels) and how this could be recognised. For example, in case of one person their care plan and risk assessment said that when thy have a high blood sugar they may attempt to try to leave the house to go to their previous home address and what staff should do if this happened.
• In another example, a person needed support with mobilising and there was a good moving and handling risk assessment in place. Staff were provided with guidance about what equipment the person was using and in what situations, the person needed support [for example, transferred to bed and from bed, rising from the chair, walking, standing and toileting]. The person also needed bed rails and there was a separate risk assessment in place for that.
• At our previous inspection, as a result of reviewing the fire risk assessment in March 2019 and a letter received from the London Fire Brigade after a fire safety visit found that the fire doors throughout the property did not meet the Regulatory Reform (Fire Safety) Order 2005, we judged that the safety of people who used the service was not being adequately addressed in the event of a fire. The registered manager advised us during our inspection that the registered provider had replaced the fire doors and would ask the provider to supply written confirmation that these had now been assessed by the fire brigade as achieving the fire safety notice previously issued.

Staffing and recruitment
• We were informed by the registered manager that no staff had been recruited since our previous inspection in 2019. We found that a total of five staff had not renewed Disclosure and Barring Service checks (DBS) within the last three-years. We were later supplied with information about the action the provider was taking to address this and to undertake these renewed DBS checks.
• The registered manager informed us that they had not undertaken risk assessments specific, as recommended by The Health and Safety Executive guidance on COVID-19 for staff who are from Black, Asian and Minority Ethnic (BAME) communities. The registered manager told us they would carry the appropriate risk assessments and inform CQC once this had been carried out.
• We looked at samples of the staff rota from October 2020 to the time of this inspection. The registered manager informed us that although there had been occasions when specific staff had needed to self-isolate, the staff team had been able to cover during these occasions and no shortage of staff had been experienced. Our examination of the staff rotas indicated a suitable number of staff on duty each day and overnight.

Systems and processes to safeguard people from the risk of abuse
• There were systems in place to guide staff on what action to take if they thought a person was at risk of harm. These included safeguarding training and safeguarding policy outlining staff responsibilities around protecting people from harm from others.
• When required, the service had raised safeguarding concerns with the local authority and worked with them to ensure people were protected from harm. Safeguarding concerns that had arisen had been reported to CQC, although we note that since our previous inspection the small number of concerns raised had not been upheld.

Preventing and controlling infection
• Staff received infection control training, including COVID-19 training. and they followed appropriate infection control measures when supporting people. PPE (Personal Protective Equipment), such as disposable face masks, gloves and aprons had been made available for staff to use. Staff told us that they had been supplied with all of the PPE they needed, not least during the pandemic, and that the service ensured that they had a continuous supply.
• There was information for visitors at the entrance to the home, including a QR code that visitors were asked to scan on their smartphone, and this linked into the NHS track and trace system.
• At the time of this inspection England was in a national lockdown and no families were able to visit. The registered manager told us that this could change if, for example, anyone may be approaching the end of their life although this was not the situation at present.
• The feedback we received from staff demonstrated a high degree of confidence that the service was doing all that they could to mitigate against the risks associated with COVID-19 infection.
• Apart from one person who was self-isolating in their bedroom due to a very recent positive COVID-19 test, the service had successfully remained infection free. The staff team had worked very well at keeping up to date about how to manage the challenges and changing guidance for care homes during the pandemic.

Learning lessons when things go wrong
• Staff had guidance about reporting any concerns about people's welfare if these arose. Systems were in place to monitor and review any incidents or other welfare concerns to ensure that people were safe. We noted that, aside from the concern we refer to earlier in this report, no other significant incidents had occurred.
• The registered manager showed us the system in place that was used to respond to complaints or other incidents which included what could be learnt from them. The registered manager told us that the service had been continually adapting to the changing circumstances during the COVID-19 pandemic.

Requires Improvement

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. At this inspection this key question has remained the same.

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

• The registered manager was aware of their regulatory responsibilities. At our previous inspection we had identified that the service's monitoring system had not always been effective to ensure people always received high quality of care. This has improved in some areas but we still identified shortfalls around the management of medicines and risks which placed people at risk of harm.

• We looked at the quarterly quality audits that had taken place in July and October 2020. Although detailed, these had not identified the shortfalls we have identified at this inspection

This is in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The registered manager had informed the Commission about all relevant events related to the operation of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• Records we looked at showed the provider asked people about their feedback, although invariably this was from relatives as people using the service were not always able to express their views because of their complex needs.

• Staff told us they were asked about their views of the service and that they felt involved. They thought the management team had been responsive to their suggestions. One staff member told us, "We have worked really well as a team to support people here and each other" and another said, " The home has managed very well during the pandemic, we have worked hard, more than anything to protect people here."

Continuous learning and improving care

• The registered manager kept up-to-date with best practice and information was shared with staff. An ongoing programme of staff training, and development was in place although the registered manager said they looked forward to this training being more face to face rather than the online training that had been necessary during the pandemic.

• Phone calls between people using the service and relatives, including face to face online chats, had been happening for the large part of last year, during the pandemic lock downs. The registered manager showed us four examples of thank you notes from relatives that had showed appreciation to staff about how

people's loved ones had been cared for at the home.

Working in partnership with others
• We asked a local authority for feedback about the service. There was no response to this request although other routine information sharing communication they had with CQC since the previous inspection of the service had not resulted in any serious concerns being raised.
• The service liaised effectively with other health and social care professionals to ensure that people's needs were met, and we saw examples of this on care records, most specifically with healthcare colleagues to maintain ongoing treatment, for example district nursing input, as well as seeking advice about changes to people's healthcare needs.
• The service was clear about the expectation that care staff would raise any queries about people's care as soon as these emerged. Staff we spoke with evidently felt readily able and confident to do so whenever necessary.

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 Changes to medicines were not always being recorded quickly on the relevant medicines records and risk assessments were not always detailed enough to describe how to address some people's specific needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance audits of the service were not picking up on shortfalls in medicines and risk assessment recording and completion requiring action.