The Orders Of St. John Care Trust

Hayward Care Centre

Inspection report

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Date of inspection visit:
13 August 2020

Date of publication:
23 September 2020

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Hayward Care Centre is a residential care home providing personal care for 40 people at the time of the inspection. The service can support up to 80 people.

Hayward Care Centre is a large, purpose-built care home. The home provides accommodation across three floors. When we inspected there were people living on the ground and first floor, accommodated in four separate units. Each unit had been named after a local area and people had access to lounge and kitchen-dining spaces. People had their own private bathrooms and the home had spacious communal gardens.

People's experience of using this service and what we found
Medicines were not consistently managed safely. We found shortfalls in the way medicines were returned to the pharmacy and how medicines were recorded on the administration records. National best practice guidance for the administration of medicines in care homes was not always being followed. Following our feedback, the deputy manager had been assigned to review all medicines systems and to deliver updated training to staff.

Some staff were not consistently following good practice guidance around hand-washing and infection prevention. All staff were wearing suitable face coverings and changing these regularly. There were infection prevention and control measures in place to reduce the risk of visitors bringing infections into the home.

Records about people's care needs were mostly well-maintained. There were some inconsistencies when monitoring some people's drinks to ensure they were hydrated. Records showed, People who required support to maintain their skin integrity were assisted to reposition regularly. Also, when people had fallen or had an accident, there was regular monitoring of their wellbeing following the event.

We saw people engaging socially with one another and with staff. There were measures in place in the lounges and dining areas to ensure people were sat socially distanced. people had been supported to maintain social contact with their relatives.

Staff gave us positive feedback about the support they had received to enable them to care for people. They acknowledged it had been a very challenging period while supporting people during Covid-19, but different staff told us, "I don't think we could have done any better."

Not all shortfalls were identified in the management audits of the service, however action to address these was taken promptly and thoroughly. A range of audits were completed to monitor the quality of the service.

There was a robust management structure in place to lead the service. Staff spoke positively about the support they had received. Staff and the management team knew people, their interests and routines well.

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

Rating at last inspection
The last rating for this service was Good (published 14 May 2019).

Why we inspected
This inspection was prompted due to receiving different whistle-blower concerns about the quality of care provided to people at the service. Concerns had been received about how people and staff had been supported during the Covid-19 pandemic. They also included reference to poor medicines management, infection control, and shortfalls in the leadership of the home. We wrote to the provider to ask them to investigate the concerns.

We undertook a focussed inspection of the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

While we identified some shortfalls in the safety of the service, we did not find enough evidence to substantiate all allegations we had received. The overall rating for the service has not changed, based on the findings at this inspection.

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.

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?

Good

The service was well-led.

Details are in our Well-Led findings below.

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 Care Act 2014.

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
This inspection was completed by two inspectors.

Service and service type
Hayward Care Centre 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
We announced the inspection in the morning before we visited. This was to check what personal protective equipment requirements the provider wanted us to adhere to during our visit.

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. We contacted five health and social care professionals for their feedback and used their comments to help plan our inspection.

During the inspection
We spoke with seven members of staff, including the registered manager and area manager. We looked at 11 people's care records and at each person's medicines administration record. We spent time observing care practice and engagement between people and staff. 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
Due to Covid-19 we did not formally interview staff during our visit, but we invited staff at the home to share their feedback with us by phone or in writing. We did not receive any contact from current staff members. We received records relating to the management of the home, such as training information and evidence of investigations which had taken place.

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

● At our last inspection, we found there to be some shortfalls in medicines management. These included the quality of protocols explaining when staff should administer medicines to be taken 'when required'. At this inspection, we found the protocols continued to vary in quality. This meant staff may not be giving medicines when people need them.

● Medicines rooms could be accessed by staff who were not medicines trained. There were medicines to be returned to the pharmacy, which were then not stored securely in the medicines room. All other medicines were stored in locked cabinets inside the medicines room.

● Records of medicines to be returned to the pharmacy were not well maintained. This meant medicines waiting to be returned were at times unaccounted for and could be accessed, without a record showing any discrepancy.

● In the medicines return book, we found one entry showing 10 paracetamols had been found, but according to the record it was unknown who they were prescribed to. This showed shortfalls in the audits and monitoring of medicines as it should have been clear who was missing these.

● National best practice guidance was not always being followed in the medicine administration records (MAR) when staff added hand-written details about people's prescriptions. We saw entries only being signed by one staff member, instead of two. Guidance recommends two staff sign the MAR. This is to ensure all details are recorded correctly, such as the dosage.

● Medicine administration records showed no gaps in administration, showing people were receiving their day to day medicines.

● We raised all of our concerns about medicines management with the registered manager. In response, they informed us they had allocated the deputy manager to overhaul the medicines systems. They said this would go "back to basics" to ensure good standards were implemented. The plans to improve included workshops for all staff who administer medicines. As well as a thorough audit and monitoring of the medicines going forward. The registered manager also told us they would have the medicines room door code changed and only shared with medicines trained staff.

Systems and processes to safeguard people from the risk of abuse

● People were supported to stay safe, by staff who had received safeguarding training.

● The registered manager notified CQC and the local authority safeguarding team in the event of any harm occurring.

● When we notified the provider of concerns that people may be at harm, we received a detailed report confirming a thorough investigation had taken place. Any areas for learning were identified and acted upon.

Assessing risk, safety monitoring and management

● Risks to people's safety were identified and assessed, so staff could support them safely. However, records confirming staff were supporting people with their needs varied in quality.

● Records for people at risk of dehydration were not consistently maintained to show they had enough to drink. However, we saw people being offered drinks and people had access to fresh drinks in their bedrooms.

● Records for people with risks of skin breakdown showed they were repositioned regularly, according to their assessed needs. This showed that staff were supporting people to protect their skin integrity.

● People's care plans contained risk assessments for different aspects of their support needs. We saw risk assessments in place for people at risk of falls and choking, also for people's evacuation needs in the event of a fire.

● Staff had access to the risk assessments, and we saw they were reviewed regularly. Staff confirmed in the reviews that the information remained up to date or if there were any changes.

Staffing and recruitment

● At the last inspection we found there to be no concerns with regards to recruitment processes. Staff were recruited safely and had checks of their past employment and character were undertaken before they started work. These included disclosure and barring service checks (DBS). The DBS helps employers to make safer recruitment decisions, by preventing unsuitable people from working with vulnerable people.

● The registered manager had a dependency tool, which they used to calculate the number of staff needed each day. Based on our observations, we found there to be enough staff available to meet people's needs.

Preventing and controlling infection

● At the time of our inspection, there were no people being treated with suspected or confirmed Covid-19. However, the home previously had confirmed cases. There was whole home testing of staff taking place regularly and people were tested if they showed any potential symptoms.

● We raised concerns about some staff not being consistent in washing their hands throughout the day, particularly when supporting different people to the dining table by holding their hands. The registered manager addressed this promptly with the staff involved and assured us they would implement more thorough monitoring.

● There were measures in place to reduce the likelihood of infection being brought into the home. These included a station in the reception area for staff and visitors to clean their hands; and apply or remove any personal protective equipment (PPE). We saw all staff wearing appropriate face coverings and these were replaced throughout the day when needed. There were adequate supplies of PPE for staff. There were also robust chains of supply in place to ensure the home had enough available.

● The use of PPE in the home was in accordance with government guidelines. Staff told us they felt in the months prior to the inspection they had been kept up to date with what was expected of them. One staff member said, "I am really happy with the guidance and training we have had, I know what to do and when. […] I feel it is very safe here and I am happy with the amount of PPE we have had."

● People had their temperatures checked regularly, to identify any potential infection symptoms. Visitors and staff had their temperatures checked upon coming into the home, to reduce the likelihood of infection being brought in. Visitors were also asked to register their details for the NHS Test and Trace system.

● We found the home to be mostly clean and tidy throughout. There were some communal areas where window ledges and carpets were in need of more thorough cleaning. We saw people's bedrooms being deep cleaned.

Learning lessons when things go wrong

● Accidents and incidents were recorded and analysed. Records showed that if areas for improvement or

where people may require additional support were identified, action was taken. This included seeking advice or input from different health and social care professionals, or sourcing equipment to reduce risks to people's safety.

● Prior to our inspection, we raised concerns with the provider and asked them to investigate. We received a detailed response, showing a thorough investigation had taken place. The investigations included speaking with staff and seeking staff feedback. Where there were areas for learning, these had been identified and plans were put in place to make improvements.

● During this inspection, we raised our concerns about medicines management and infection control. Thorough and efficient measures were put in place to mitigate any risk and to learn from what had been identified.

Good

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● We saw people being supported by staff who were warm, friendly and person-centred in their approach. Staff clearly knew people, their interests and routines well.

● The registered manager spent time in the different households and spoke with people and staff. Staff confirmed the registered manager would normally do this and knew the people who lived at the home.

● We were given many examples of how the staff team and registered manager had provided person-centred care during the Covid-19 pandemic. These included staff telling us the registered manager would wear a uniform and work alongside them to provide direct care. Also, phone calls and video calls with relatives were facilitated during difficult and emotional times. The registered manager told us to help one person's relative see them face-to-face, they had hedging removed to enable the family member to be the other side of the window for them. People were also being supported to have relatives visit in the garden, where social distancing could be supported.

● People were supported by a staff team who knew them well and worked to provide personalised care during difficult circumstances.

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

● There was a long-standing management team in place, with a registered manager, a clinical deputy manager, and a dementia lead. In addition, there were senior care staff leading shifts in each household. Staff confirmed they felt supported by the leadership of the service and their comments included, "We have received really good support from the seniors and managers. It has been hard at times, but we all want for the residents to stay safe."

● The registered manager understood their regulatory responsibilities. They notified CQC of any important events or if people experienced harm.

● The registered manager understood their responsibility to act upon the duty of candour. Records showed there had been open communication with people's relatives in the event of something going wrong.

● The provider supported the quality performance of the home, with an area manager and an admiral nurse. An admiral nurse is a specialist dementia nurse, supporting multiple services for the provider. Quality checks and audits were completed by the area manager and admiral nurse, as well as the provider's quality team.

● There were a range of audits being completed, including checks of medicines, infection control and care

planning. However, not all were identifying the issues we found during the inspection. In response to the shortfalls we found, we received from the registered manager, prompt and thorough assurances of actions being taken to address these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care; working in partnership with others

- Prior to the Covid-19 pandemic, meetings for people, their relatives and the staff team, took place on a regular basis. Since Covid-19, people and their relatives had not attended meetings, and this was to support social distancing and safety measures. Staff had small meetings or group discussions, as well as daily handover meetings between shifts.
- The registered manager explained that people who had the mental capacity to understand Covid-19 had been kept involved in discussions about this. These included updates on decisions and guidance regarding safety measures and changes in the home.
- There was a large display board on the ground floor of the home, with support information about bereavement and grief. The registered manager praised the staff team for how they had handled working in such a challenging environment during the peak of the Covid-19 pandemic. They explained they understood the impact this may have on staff mental health. To support staff, group and individual counselling was in the process of being arranged. This was to help staff process what had happened with the loss of people they had cared for.
- Memorial services had been held to celebrate the lives of people who had passed away, as well as the work of the staff who had supported them during the pandemic. The registered manager and area manager explained this was emotive and helped to bring the team together.
- The provider had also given support to the home with the area manager and admiral nurse conducting reflective meetings with staff and exploring any lessons learned.
- The registered manager confirmed that moving forward, as the home adapts to the changing guidance, they would like to focus on further community engagement. They thanked the local community for clapping for carers outside of the home, each Thursday during the peak of the pandemic. They told us people had enjoyed joining them and seeing the public gather for this event each week.