

Hazelwood Care Limited

St Joseph's Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook this unannounced inspection on 8 and 14 November 2018. St Joseph's 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. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate a maximum of 19 older people with dementia. On the day of this inspection there were 16 older people with dementia living in the home.

At our last comprehensive inspection on 26 February 2016 the service met the regulations we inspected and was rated Good. At this inspection we found the service to be deficient in some areas and have rated it as Requires Improvement.

People who used the service and their relatives informed us that people had been treated with respect and dignity. The service had arrangements to protect people from harm and abuse. Care workers were knowledgeable regarding types of abuse and were aware of the procedure to follow when reporting abuse.

There were suitable arrangements for the administration of medicines and medicines administration record charts (MAR) had been properly completed.

There was a record of inspections of equipment carried out by specialist contractors. However, the premises were not well maintained and some areas of the building were in need of repairs and redecoration. We found a breach of regulation in respect of this.

There were a lot of leaves at the front of the building. These may pose a slip hazard when wet. Some fire safety arrangements were in place. These included weekly alarm checks, a fire risk assessment, drills and training. Individual personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency. We however, noted that the fire risk assessment of the premises had not been updated to include the arrangements for people who smoked. There was no fire evacuation plan for the premises with guidance on how evacuation should be conducted. This is needed to ensure that care workers are aware of the procedure to follow in the event of a fire. We found a breach of regulation in respect of this.

The home had a recruitment procedure in place to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We however, noted that two care workers' records did not include a second reference. These were provided by the registered manager during our second visit to the home. The staffing levels were adequate. Care workers had received a comprehensive induction and training programme. There were arrangements for staff support, supervision and appraisals.

The care needs of people had been carefully assessed and attended to. Appropriate care plans had been prepared which reflected the choices and preferences of people. The service worked with healthcare

professionals and ensured that people's healthcare needs were met. The dietary needs of people had been assessed and arrangements were in place to ensure that people received adequate nutrition. Some people including two people with diabetes had made improvements in their health as a result of the care provided.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. We noted that the home had suitable arrangements in place to comply with the Mental Capacity Act 2005 and DoLS. Mental capacity assessments had been carried out for people who used the service.

People were encouraged to be as independent as possible. The home had an activities organiser and people could engage in various social and therapeutic activities which were appropriate for them. The service had a policy on ensuring equality and valuing diversity. There were arrangements to ensure that people's diverse needs including their religious and cultural needs were met. People were supported with their religious observances and provided with meals in accordance with their wishes and preferences.

Checks and audits of the service had been carried out by the registered manager and the operations manager to ensure that the service provided care of a good quality. We however, noted that there were deficiencies related to staff recruitment, health and safety and fire safety which had not been identified and promptly responded to. We found a breach of regulation in respect of this.

The recent satisfaction survey of the home indicated that people and their representatives were satisfied with the services provided.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

We noted deficiencies in maintenance of the home, fire safety arrangements and in the staff recruitment records.

There were suitable arrangements to ensure that people were protected from abuse. Risks assessments were in place to inform care workers of how to keep people safe.

The staffing levels were adequate.

There were suitable arrangements for supporting people with medicines in a safe way.

Requires Improvement ●

Is the service effective?

The service was effective.

Care workers had been provided with essential training and support to do their work. There were arrangements for staff supervision and appraisals.

Care workers supported people in accessing healthcare services when needed. The nutritional needs of people were attended to.

The service worked within the principles of The Mental Capacity Act 2005 (MCA).

Good ●

Is the service caring?

The service was caring. People were treated with respect and dignity. Care workers were able to form positive relationships with people. Care workers knew how to protect the privacy of people.

The service ensured equality and promoted diversity. The individual preferences of people had been responded to.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Care plans together with strategies for assisting people were up to date and addressed people's individual needs, preferences and choices.

Reviews of people's care plans had been carried out by care workers each month. There was a varied and appropriate activities programme.

The service had a complaints procedure.

Is the service well-led?

Some aspects of the service were not well-led.

The service did not have effective quality assurance systems in place. Several deficiencies were not identified and promptly responded to.

People and their representatives expressed confidence in the management of the service. Morale amongst care workers was good.

The service had worked well with people and their representatives and brought about significant improvement in people's health and general well-being.

Requires Improvement ●

St Joseph's Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 and 14 November 2018 and it was unannounced. The inspection team consisted of one adult social care inspector and one dental inspector. The dental inspector was part of a project carrying out a thematic probe to improve understanding of oral health in care homes and to review how oral health was promoted in the care home setting. The dental inspection was not part of the regulatory judgement and the findings are not included as such in this inspection report.

Before our inspection, we reviewed information we held about the home. This included notifications from the home, complaints received and reports provided by the local authority. The provider completed and returned to us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection, we spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people.

There were 15 people living in the home. We spoke with six people who used the service and four relatives. We spoke with the registered manager, the team leader, the operations manager and five care workers. We received further feedback from three care professionals.

We looked at the kitchen, medicines cupboard, communal areas, garden and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for five people, five staff recruitment records, supervision, training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

The home had a safeguarding policy and care workers had details of the local safeguarding team and knew how to contact them if needed. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they would report it to management staff. They were aware they could also report it directly to the local authority safeguarding team and the CQC if needed.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks when associated with neglect, falls, certain medical conditions and behaviour which challenged the service. Personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency.

There were suitable arrangements for the recording, storage, administration and disposal of medicines. The home had a medicines policy. We examined five medicine administration record (MAR) charts. There were no unexplained gaps. This indicated that people had been given their prescribed medicines. This was also confirmed by people we spoke with. One care professional stated that the arrangements for the administration of medicines in the home was very well organised and they had no concerns.

The premises including the garden were not well maintained and some areas of the building were in need of repairs and redecoration. A piece of broken wooden skirting board was hanging loose on a wall at the back of the home. This was removed when we visited the home on the second day. Some window frames had partially rotted away and were in need of replacement. The wooden frame around the patio door was partially rotted away and was also in need of replacement. The window frame around a window on the staircase leading to the first floor was partly rotted away and also in need of replacement. Wallpaper in one of the bedrooms was peeling off the wall.

The deficiencies identified indicated that the premises were not properly maintained. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

The registered manager provided us with a maintenance schedule for the home and stated that repairs would be carried out. We were also informed by the operations manager that the maintenance person had started carrying out some repairs to the home. This was confirmed by the maintenance person who was present during the inspection.

There were a lot of leaves at the front of the building. When wet, the leaves may pose a slip hazard for people coming into the home or going out. The registered manager informed us soon after the inspection that the area at the front of the building had been swept clear of leaves.

There were arrangements for fire safety. These included weekly fire alarm checks, a fire risk assessment,

drills and training. The emergency lighting had been checked monthly by care workers. Individual personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency. The home had a no smoking policy and people were only allowed to smoke in a designated area outside the home. The registered manager stated that people who smoked had been compliant with the policy. Three people in the home smoked. With one exception they had smoking risk assessments. One person who smoked did not have a fire risk assessment. This was provided soon after the inspection.

The home had a fire risk assessment of the premises. However, it had not been updated to include the arrangements for people who smoked. This is needed to inform on the risks and measures taken to reduce them. There was no fire evacuation plan for the premises. This evacuation plan is needed to ensure that care workers are aware of the specific procedure to follow in the event of a fire, such as where the evacuation should start, who should be evacuated first, equipment to be used and the location of evacuation slides.

Overall, we found that the arrangements for ensuring the health and safety of people were deficient. The registered provider had failed to do all that was reasonably possible to mitigate against risks to people's health and safety. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

There were safety inspections of the portable appliances and gas installations. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. The hot water temperatures of bedrooms and areas accessible to people had been checked weekly by care workers. The temperatures of hot water were checked and recorded prior to care workers assisting people with showers.

The home had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of five records of care workers. We noted that with two exceptions all the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. Two care workers' records did not have a second reference. This was not consistent with the recruitment policy of the home. These were provided by the registered manager during our second visit to the home.

The staffing levels were satisfactory. People and care workers informed us that the staffing levels were adequate. The staffing levels during the day shifts normally consisted of the registered manager or the team leader and three care workers. During the night shifts there were always two care workers on duty. Care workers told us that they were able to complete their allocated tasks.

The home was clean and with one exception, no odours were detected. One bedroom had an unpleasant odour. The registered manager stated that this would be investigated so that it could be eliminated. There was an infection control policy together with guidance regarding infectious diseases. Gloves and aprons were available for care workers.

We reviewed the accident records. Accident forms had been fully completed and signed. Where appropriate, there was guidance for care workers on how to prevent a re-occurrence. These were documented in the care records of people.

The service had a current certificate of insurance and employer's liability.

Is the service effective?

Our findings

People told us that care workers were competent and they were satisfied with the care provided. They stated that they had access to healthcare services. One person said, "I have been here for a few years. The staff have been good to me. I can go out to the shops on my own." A relative stated, "My relative is very well looked after and had seen the doctor and been taken to hospital for their appointment." One healthcare professional informed us that the registered manager and care workers worked well with them and had provided effective care for the people they supported. A second care professional stated that they found the registered manager and care workers to be highly motivated to provide good care for people who used the service.

People's care records indicated that they had received an initial assessment of their needs with involvement from their representatives or relatives before moving into the home. The assessments were holistic and contained important information about people's health and their other care needs. Individual care plans were then prepared with details such as people's preferences, activities they liked and how care workers were to provide the care they needed. Care workers we spoke with demonstrated a good knowledge about the diverse needs of people.

People's healthcare needs were closely monitored by care workers. Their care records contained important information and guidance on assisting people who may require special attention because of their healthcare conditions, mental state or behavioural issues. There was weekly contact with the home's GP. The care records contained further details of appointments with healthcare professionals such as the district nurses, mental health team, dentist and optician.

Arrangements were in place to encourage healthy eating and ensure that the nutritional needs of people were met where possible. The registered manager stated that they encouraged people to eat fresh fruits and vegetables and have a balanced diet. Meals were prepared in the kitchen daily and the menu was diverse and included various Asian and vegetarian meal dishes. The kitchen was clean. We found that care workers were aware of the special dietary needs of people. To monitor progress and ensure that nutritional problems were noted, monthly weights of people were documented in their care records. Care workers were aware that if there were significant fluctuations, they should report this to the registered manager or senior staff. The registered manager informed us that two people with diabetes had improved significantly as care workers had encouraged them to eat appropriate and healthy meals. This had resulted in one of them not needing their diabetic medicines. The second person had his diabetic medicine reduced.

Care workers confirmed that they had received appropriate training for their role. Some of them were educated to degree level. When interviewed, they were found to have a good level of understanding of care issues. They were also aware of their roles and responsibilities. We saw copies of their training certificates which set out areas of training. Topics included the administration of medicines, dementia, health and safety, Mental Capacity Act (MCA) and safeguarding. Care workers told us they were enthusiastic about their work.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The topics covered included policies and procedures, staff conduct, information on health and safety. Five care workers had completed the care certificate, four had started on it and a further five would be commencing the care certificate soon. This course is comprehensive and has an identified set of standards that care workers work through with their trainer. The registered manager stated that new care workers would be enrolled on the Care Certificate if required.

Care workers said they worked well as a team and received the support they needed. Records of care workers contained evidence of supervision and appraisals meetings. Care workers we spoke with confirmed that these took place and we saw evidence of this in their records. Some of them told us that they had chosen to work in the home as they found management to be supportive and caring towards people who used the service and staff.

We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 Act 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. Where people lacked capacity, details of their advocates or people to be consulted was documented in the assessments. The registered manager informed us that some people in the home lacked capacity and when needed, they would consult with their representatives. Mental capacity assessments had been carried out for people who used the service. We also saw documented evidence of best interest decisions in people's care records.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. The registered manager informed us that some people required DoLS authorisation. We noted that authorisations were evident in the care records.

Is the service caring?

Our findings

People said they had been treated with respect and dignity. One person said, "They take good care of us." Another person wrote in their completed survey form, "I am very satisfied with manager and almost all of the staff – very caring and helpful." A relative said, "The staff are all very, very caring. They keep to the rules." One care professional informed us that they found staff to be respectful and caring of the person they supported.

We spent time observing the interaction between care workers and people. We noted that care workers were pleasant and interacted well with people. Care workers talked with people in a friendly manner. People appeared comfortable and at ease with care workers. We observed that they could move about freely in the home and some walked along the garden path. We observed care workers knocking on people's bedroom doors and waiting for the person to respond before entering.

Care plans included information that showed people had been consulted about their individual needs including any special preferences, their spiritual and cultural needs. The service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. The registered manager stated that the home celebrated people's special cultural and religious holy days such as Ramadan, Easter, Divali and Christmas. Halal meals were provided for those who required them. Asian and vegetarian meals were also available. During Ramadan special meal arrangements were in place for those who were fasting during the day and night care workers served meals at the times people chose.

Care workers told us that they treated people with respect and dignity and protected their privacy. They explained that they protected the privacy and dignity of people by closing doors and curtains when assisting people with personal care.

Meetings with people who used the service had been held where they could express their views and be informed of any changes affecting the running of the home. The minutes of these meetings were available. We however, noted that no relatives' meetings had been held this year. The registered manager informed us soon after the inspection that a relatives' meeting had been organised.

Effort had been made to provide a comfortable environment for people and help them feel at home. The lounge had comfortable seating. The bedrooms had been personalised with people's own ornaments and memorabilia. We however, noted that the table cloth on the dining table was faded, worn and torn. We were informed by the registered manager soon after the inspection that a new one had been ordered.

We discussed the steps taken by the home to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered manager stated that some notices and care plans were in large print. The menus were in pictorial form. The registered manager stated that documents could also be translated for people whose first language was not English.

However, he stated that presently, this was not needed by people. Wipe boards were used for some people with hearing difficulties and who were able to read. Simple signing and Pictionary was used with a person when needed. The registered manager stated that they would be preparing an Accessible Information Standard policy. This was done soon after the inspection.

Is the service responsive?

Our findings

People and their relatives informed us that they were satisfied with the care provided and care workers were responsive to the needs of people. They stated that there was a variety of activities available for people. Relatives informed us that people were able to settle in the home and their care needs had been attended to. A relative stated, "I have no complaints. My relative is well looked after. They have activities for my relative." A second relative stated in their completed survey form, "I am very pleased regarding the care provided not only to my relative but to all of the residents."

One care professional informed us that the care provided was very person centred and holistic. This professional added that the care plans took into account all aspects of people's life history, the changes which have occurred and present life circumstances.

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to their medical health, mental health, nutritional needs and behavioural needs. People's background, their interests and their likes and dislikes were documented. Care plans were then prepared by care workers. People and their representatives were involved in planning their care and support. Care records contained photos of people so that they could be easily identified by care workers. Care workers were knowledgeable regarding the care to be provided for people.

We discussed specific care issues with the registered manager and care workers. We noted that some people in the home had diabetes. The registered manager and care workers were knowledgeable regarding specific issues which may be experienced by people with diabetes. Diabetes care plans had been prepared and there was guidance for care workers regarding the monitoring, treatment and dietary needs of people with diabetes. Appointments had been made with people's doctor, eye screening department and the diabetic nurse to review their progress. People's blood and urine glucose levels had been monitored. Care workers we spoke with were aware of the specific dietary needs of people with diabetes. Diabetes training had been provided for care workers.

Care workers were knowledgeable regarding how to care for people with dementia. They had received training in the care of people with dementia and behaviour which challenged the service. They were aware that people could be forgetful and have behaviour which challenged the service. They said they would speak with people and explain what needed to be done and provide reassurance when needed. Care workers stated that if they encountered difficulties, they would be patient with people and give them time.

The service was aware of the importance of engaging people with dementia in activities. There was a varied activities programme to ensure that people received adequate social and therapeutic stimulation. The activities organiser told us that activities chosen were aimed at providing stimulation for people with dementia. These included old-time movies, arts and crafts, stretching exercises, ball games, music sessions and baking. Children from a local school had also been invited to meet and talk with people in the home. The activities organiser informed us that if needed, she would spend time in one to one sessions with individuals who did not want to join in group activities.

The home had a complaints procedure and this was displayed in the reception area. We noted that no complaints had been recorded in the complaints book within the past two years. The registered manager stated that none had been received. None of the relatives we spoke with made any complaints.

Is the service well-led?

Our findings

Some aspects of the service were not well managed. The home had a quality assurance system for assessing, monitoring and improving the quality of the service. Weekly checks of the home had been carried out by the registered manager and team leader in areas such as cleanliness of premises, health and safety, fire safety, medicine administration and care documentation. Audits were carried out by the operations manager each month. Evidence of these were seen by us and included audits of care documentation, maintenance checks and health & safety audits. The checks and audits were however, not sufficiently effective and did not identify and promptly rectify several deficient areas.

There was no fire evacuation plan. This is needed to ensure that care workers are aware of the procedure to follow in the event of a fire. The fire risk assessment of the premises had not been updated to include the arrangements for people who smoked. The care records of one person who smoked did not contain a smoking risk assessment. These are needed to inform on the fire safety arrangements. Two care workers' records did not have a second reference. This was not consistent with the recruitment policy of the home. The premises including the garden were not well maintained and some areas of the building were in needs of repairs and redecoration. This included a piece of broken wooden skirting board hanging loose on a wall at the back of the home. The tablecloth on the dining table was faded, worn and torn. There were a lot of leaves at the front of the building. When wet, the leaves may pose a slip hazard for both people, staff and visitors.

The various deficiencies we have identified above indicated that the service did not have an effective quality assurance system. The system of checks and audits did not identify and promptly rectify deficiencies noted. For example, the checks did not identify that the home did not have a fire evacuation plan and there was a wooden skirting board hanging loose on a wall at the back of the home. These shortcomings may put people at risk of harm or of not receiving appropriate care. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, recruitment and health and safety. We however, noted that these had not been updated for more than two years.

The home had carried out a satisfaction survey in 2018. The results of the survey were positive. Comments made by people who used the service, their relatives and care professionals were positive and indicated that people were well cared for. There was however, no report with an analysis of the number of people who responded, the results and any action plan to address suggestions made. The registered manager stated that all the completed survey forms were positive. He agreed to prepare an analysis of the survey.

The home had a clear management structure. The registered manager was directly responsible to the operations manager of the company. He was supported by a team leader, a human resources officer, six shift leaders and a team of care workers. Care workers told us that communication amongst staff was good.

There was a communications book and formal hand-over meetings took place at the beginning of each shift.

Care workers informed us that there were also monthly team meetings where they regularly discussed the care of people and the management of the home. They stated that teamwork and morale was good. They expressed confidence in their manager and other senior staff.

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 registered provider had failed to do all that was reasonably possible to mitigate against risks to people's health and safety.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider had not ensured that the premises were properly maintained.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have an effective quality assurance system which monitored, identified and promptly rectified deficiencies noted.