

# Twinglobe Care Limited

# Azalea Court

## Inspection report

58-62 Abbey Road  
Bush Hill Park  
Enfield  
Middlesex  
EN1 2QN

Tel: 02083701750

Website: [www.azaleacourt.co.uk](http://www.azaleacourt.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Azalea Court is a nursing home providing personal and nursing care to 79 people aged 65 and over at the time of the inspection. The service can support up to 83 people.

Azalea Court is a large building with three separate floors supporting people with varying physical and nursing needs. The service also supports people living with dementia. In addition, Azalea Court has a separate eight bedded high dependency unit which supports people with specialised nursing needs.

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

Throughout the inspection we observed people to be supported by care staff with care and compassion.

Whilst medicines were administered safely, processes and systems in place did not always ensure that people received their medicines as prescribed.

We have made a recommendation that the registered person ensure effective governance arrangements are implemented and followed to reduce risk to people.

People told us that they felt safe living at Azalea Court. Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow to ensure people were kept safe and free from harm.

People were protected from the risks associated with the spread of infection. The service was clean and well maintained. There were enough numbers of staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

Staff received appropriate induction, training and support and applied learning effectively in line with best practice. This meant people's needs were safely and effectively met ensuring a good quality of life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans in place detailed people's needs and preferences. Staff knew people and their care needs well. People's needs were assessed prior to admission and regularly thereafter. Staff supported people to meet their health and nutritional needs. Staff worked with health care professionals to maintain people's health and wellbeing.

There were quality monitoring systems and processes in place to identify how the service was performing and where improvements were required.

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 20 March 2020).

#### Why we inspected

We received concerns in relation to the management of people's nursing care needs, staffing and staff morale. As a result, we undertook a focused inspection to review the key questions of safe, effective 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.

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.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Azalea Court on our website at [www.cqc.org.uk](http://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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Azalea Court

## 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 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 and a specialist advisor nurse. The inspection was also supported by three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One Expert by Experience supported the inspection onsite and spoke with people living at the service as well carrying out observations of the care and support people received. Two Experts by Experience contacted people's relatives by telephone to request their feedback.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with eight people who used the service and four relatives. We spoke with the nominated individual, the registered manager, the hospitality manager, five nurses, a unit manager and one activity co-ordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included 14 people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. In addition, we also spoke with a further 20 relatives, one nurse, three senior health care assistants and four health care assistants.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we recommended the provider to review their medicines audit processes to ensure effective implementation of the medicines management policy. The provider had made improvements.

- People generally received their medicines safely, on time and as prescribed. Records were complete and there were no gaps or omissions in recording.
- However, during this inspection we identified six examples of where people had not received their medicines as prescribed. This was because the medicine was noted to be out of stock or had not been ordered in a timely manner to ensure stock was available within the home when needed.
- This was highlighted to the registered manager and nominated individual during the inspection who immediately took action to address the issues we had identified as well as carry out a full audit of people's medicines to ensure all stock was available in the home.
- The registered manager explained that they had been experiencing stock supply issues with the pharmacist and had held a meeting with the pharmacist to discuss how the issue was going to be addressed prior to this inspection.
- Whilst people had not been placed at harm and minimal impact to their health had been confirmed by the GP, audit processes in place had not effectively documented or enabled the registered manager to address and resolve the issues promptly. This has been reported on further under the well-led section of this report.
- At the last inspection we identified concerns with the way in which medicines were disposed. At this inspection we found that this issue had been addressed. Medicines were stored and disposed of securely in line with the provider's policy. This included controlled drugs.
- Where people received medicines as and when required (PRN), protocols and guidance was in place on how and when to administer these medicines, PRN medicines can be administered to help with pain relief or anxiety.
- Some people received their medicines covertly. Multi-disciplinary agreements were in place confirming the method for administration of covert medication. Covert medicine administration is when medicines are hidden in food or drink without the knowledge of the person.
- Staff members had received medicine handling training and observed assessments had been completed to confirm staff competency when administering medicines.

### Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living at Azalea Court. Further reassurance was provided by relatives of people who lived at the home. One person told us, "I love it here. I am so safe and it is warm and

comfortable and everyone is so nice to me." Relatives feedback included, "He is safe and well looked after" and "They keep him safe, they have put rails on the bed and he hasn't had any falls which is good."

- Policies and processes in place explained clearly the different types of abuse, the signs to look for and the actions to take to report concerns.
- Staff received regular training on safeguarding, understood their responsibilities and explained the actions they would take to report any concerns.
- The registered manager understood their responsibilities around reporting safeguarding concerns to all relevant authorities including the Care Quality Commission.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans clearly documented people's identified risks. Each risk was assessed providing guidance and risk management plans to care staff to ensure people's safety.
- Identified risks included risks associated with moving and handling, skin integrity, falls, specific health conditions such as diabetes, use of specialist nursing equipment and continence care.
- Care staff knew people well and were aware of how to support people to minimise risk and keep people safe. On care staff told us, "The risk assessments tell you about people's risks and what to do."
- Relatives told us that they felt assured that the care and support their family member received ensured their safety. One relative stated, "I feel she is safe and they understand the risks."
- We saw detailed records of accidents and incidents, and staff understood the procedures of reporting these.
- Each accident and incident recorded was reviewed by the registered manager, ensuring that all required actions had been taken to ensure people's safety.
- Discussions were also held between the staff team at daily handovers and daily management meetings to identify trends, review practices and implement learning and further development to prevent re-occurrences. The registered manager told us, "We meet with the staff team and unit managers and discuss what we can do to improve. This is a team effort. It's not about just what a manager might say."
- The home completed checks to ensure the environment was safe. These included checks on electrical, gas, water and fire safety and equipment within the home. People had individual evacuation plans highlighting the level of support needed for each person.

Staffing and recruitment

- Systems and processes in place enabled the service to recruit only those staff who had been assessed as safe to work with vulnerable adults. Checks included inviting staff for interviews, confirmation of identity, conduct in previous employment and any criminal records.
- During the inspection we observed there to be enough staff on duty to meet people's needs and keep them safe. We saw people receiving one-to-one support where required.
- However, some staff commented that there was not always enough staff on duty which placed additional pressures on the team on those days where they were left short of staff. Comments included, "We are short staff majority of the time. There is supposed to be five depending on who the staff are that's a good day, but a majority of the time its four, it does set us back" and "They need a bit more staff all over including the nights, we have been always talking about staffing with our unit managers."
- Feedback was given to the registered manager and nominated individual regarding staffing levels, who told us that they were aware of concerns that had been raised and were currently undertaking a review of staffing levels within the home.

Preventing and controlling infection

- The provider had appropriate procedures in place to prevent and control infection.
- The premises were clean and there were clear processes in place with regards to daily cleaning to prevent

the spread of infections. There was also up to date guidance available, including policies and risk assessments, around managing COVID-19 safely.

- We also saw COVID-19 related information posters displayed around the home which helped to raise awareness.
- Staff and the management team had worked well throughout the COVID-19 pandemic to ensure the risks of infection were minimised. There were no outbreaks at the service throughout the pandemic. A visiting healthcare professional told us, "They have been generally fantastic. COVID has had massive challenges but the home's primary aim has always been the safety of residents and continuity of care. There was no COVID in the home, it has been remarkable what was achieved."
- Staff said they had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training around infection control. We saw hand sanitiser stations around the home.
- People living at Azalea Court had been offered the vaccine and in most cases the vaccination had been taken. Policies and processes were in place to ensure staff and all visiting health care professionals were checked and confirmed to be vaccinated in line with recent government guidance and legislative changes.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we recommended that the full menu options were made available to people to see and are reviewed in line with people's preferences. The provider had made improvements.

- People were seen to eat and drink well. Where people required support, this was provided by care staff with dignity and respect.
- A menu was available to people with the full list of food options available for them to order. Most people spoke positively about the food and told us, "I enjoy the food as it's cooked well. I eat in my room at lunchtime and go to the dining room in the afternoon" and "I enjoy the food, it tastes good to me." However, some people were not so positive and told us, "The food is often too salty or too sweet. On Saturday I asked for a bacon sandwich and it was not cooked fully and there was no tomato sauce" and "The food is crap. It lacks flavour and I like thick cuts of meat but they are always thinly cut. You get dry pasta with an excuse for cheese in it."
- Relatives told us that they did not have any concerns with the meal provisions and from what they had observed during their visits, people were supported appropriately. Feedback included, "[Person] is on a fortified diet rather than solids. They make sure they keep up her calorie intake" and "She has a good appetite and is eating well; she enjoys the food."
- The registered manager and nominated individual were provided with feedback from people and relatives and that all feedback would be considered with a view to making improvements where required.
- Care plans recorded people's dietary needs including any specialist or culturally appropriate dietary requirements.
- Where people's food and fluid intake required monitoring due to specific health risks, this was done. People were weighed regularly and where concerns were noted this was escalated to the appropriate health professionals for further intervention.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed prior to admission so that the home could confirm that they were able to meet the person's needs safely and effectively.
- Following on from the COVID-19 pandemic, the service continued to complete the pre-admission process in line with government guidance which included pre-admission screening and isolation upon admission, to ensure people's safe admission to the home.
- Once the assessment was completed, a care plan was compiled for care staff to follow. Care plans were regularly reviewed and updated to ensure care provision was current and in line with the person's needs and

preferences.

Staff support: induction, training, skills and experience

- People received care and support from care staff who had received the required training to do so safely and effectively.
- Relatives stated that they from what they saw care staff appeared to know what they were doing and were trained and skilled in their role. Comments included, "I was shocked at how good it is in the home. They have been absolutely brilliant. She has some complex health issues and they deal with them well" and "Staff seem knowledgeable and competent. Whenever I ask anything they are able to answer."
- Care staff told us that they had gone through an induction which included an introduction to the home, mandatory training and shadowing an experienced member of staff. Training topics covered included, safeguarding, first aid, moving and handling and MCA 2005.
- Specialist training was also provided to care staff so that they had the required skills and knowledge to support people effectively with their specific needs.
- The registered manager ensured staff training was current, refreshed regularly and offered additional support where needed.
- Staff told us and records confirmed that they received regular supervision and an annual appraisal. Staff confirmed that they were supported in their role.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with people and their relatives to access a variety of health and care professionals so that people could receive effective and timely care so that the support they received led to them leading a healthy life.
- Care plans documented where specialist input and support was required, with details of actions and support plans put in place as a result.
- Throughout the inspection we observed that care staff knew people well and worked with them to meet their needs according to their choices and preferences. The care staff team worked together and exchanged information about people through daily handovers, weekly and monthly team meetings to ensure people were supported with their needs effectively.
- People and relatives told us that care staff were observant of their needs and promptly accessed health and care support when needed. One relative told us, "They picked up very quickly when she had a chest infection and then a UTI. They got the Doctor to prescribe antibiotics. They were very quick to get it sorted." We spoke with a visiting health care professional who stated, "The staff are very sensitive to change and will get on top of it very quickly."

Adapting service, design, decoration to meet people's needs

- The home had been adapted, designed and decorated to meet people's needs. The home was person centred and people were able to decorate their bedrooms according to their choice and wishes.
- People were able to access all areas of the home which included the outdoor areas.
- In response to the COVID-19 pandemic, the provider had put in place outdoor visiting pods as well as indoor visiting rooms so that visits to the home could be facilitated safely minimising risks to people living at the home.

Ensuring consent to care and treatment in line with law and guidance

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 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives told us that care staff always sought consent before supporting them and were respectful of their choices and decisions. One relative said, "[Person] has full mental capacity so he can consent to everything and they do ask him things, I know."
- People were observed to be appropriately supported by care staff, in line with the principles of the Mental Capacity Act 2005 (MCA). Care staff understood the MCA and how this translated into the care and support that they delivered.
- Care plans documented people's consent and where required, the relative's involvement in the planning and delivery of care.
- Capacity assessments had been completed for people. Where decisions had been made in people's best interest, these had been made with the involvement of relatives and the appropriate health care professional and were clearly documented within the person's care plan.
- DoLS authorisations had been applied for where required and systems were in place to monitor these when applications were due for renewal.

# 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.

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

- Systems and processes were in place to oversee and monitor the quality of care people received. Areas that were checked and monitored included medicines management, care plans, health and safety and infection control.
- Where issues and concerns were identified through internal audit processes, these were recorded with details of actions taken to resolve the issue.
- However, where we identified issues with medicine stock availability and people not receiving their medicines as prescribed due to stock and ordering issues, these had not been always been identified and documented as part of the audit process.
- We found that whilst supply issues were being addressed with the supplying pharmacist, there was a lack of management oversight of this issue which led to certain people not receiving their medicines as prescribed.

We recommend that the registered person ensure effective medicine governance arrangements are implemented and followed to reduce the risk of people not receiving their medicines as prescribed.

- During and following the inspection, the concerns identified were discussed with the nominated individual and the registered manager who promptly acted on our feedback and provided evidence and assurance that this issue would be addressed moving forward through changes in medicine management systems and enhanced auditing. This gave reassurance that the service acknowledged our feedback and was open and willing to continuously learn, develop and improve the quality of care delivery.
- The nominated individual and registered manager encouraged and promoted learning, development and improvements within the home. Where accidents/incidents had occurred, or complaints or safeguarding concerns had been raised these were discussed at daily handovers and team meetings so that the staff could discuss and implement change where required.

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

- During the inspection we observed people receiving care and support which was person-centred, respectful and maintained people's dignity. One person told us, "They [staff] do understand my needs." Another person said, "I am very comfortable here and the way they look after me gives me reassurance."
- People were involved in making decisions about the day to day care that they received. Relatives also

confirmed that they also felt very involved in the care planning process and that the home communicated regularly with them about their family member.

- Staff spoke positively about Azalea Court and told us that they enjoyed working at the home and especially with the people they supported. Comments from staff included, "I like it because I like my residents, you have to enjoy the job, when you have a good team it works well" and "Yes, I look forward to in the morning and come and see the residents, we start to have a laugh."

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 registered manager clearly understood their responsibilities around duty of candour and being open and honest when something had gone wrong. Statutory notifications were completed and submitted to the required authorities including CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We saw that people knew the registered manager, the nominated individual and the staff that supported them well and were confident in approaching them with their concerns.

- Most relatives spoke positively about the management of the home, but some relatives told us that they did not know who the registered manager was, however, all relatives knew who to approach if they had any concerns or issues and were confident that these would be addressed. Feedback from relatives included, "I do know the manager and when I have highlighted things in the past she has dealt with them", "I haven't met the manager but I have spoken to the senior nurse" and "I actually have no idea who [registered manager] is. If I have any issues I speak to the floor manager or speak with reception, who are all helpful."

- The registered manager told us that due to the pressures of the COVID-19 pandemic they had not been able to send out satisfaction surveys to people, relatives and stakeholders to obtain their feedback about the quality of care delivered. These were due to be sent out in the coming weeks.

- However, we were told that regular contact and communication with people, relatives and stakeholders allowed them to obtain feedback on an ad-hoc basis. Residents and relatives meetings had been held periodically over the last 12 months which also enabled the home to seek people's views about the quality of care they received. One relative told us, "I have been to relative meetings, they encourage feedback, do the minutes and we get sent them. They seem to take on board what's said and things change."

- People and their relatives told us that communication between them and the home throughout the duration of the pandemic had been positive. One person told us, "They kept in touch with my family during COVID." A relative stated, "During lockdown they were very efficient and kept the residents safe."

- Care staff told us that they felt supported in their role and that they could approach the registered manager or nominated individual at any time and that they were listened to. Regular staff meetings enabled staff to give ideas and suggestions, receive regular updates, share experiences and review practices.

- The home worked in partnership with other agencies to support people with their physical health. Records seen confirmed that referrals had been made to various healthcare practitioners and these were followed up appropriately.