

Hazelwood Care Limited

# St Joseph's Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St Joseph's Care Home is a residential care home providing accommodation and personal care to up to 19 people. The service provides care and support to older people some of whom live with dementia. At the time of our inspection there were 10 people using the service.

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

We found areas of the premises had not been well maintained by the provider. There were plans in place to complete some repairs and maintenance works. Following the inspection action was taken to address some of these issues and we were provided with an action plan that showed the other works would be completed in the near future.

We received very positive feedback about the management of the care home and people's care from people's relatives.

People received an assessment of their needs and preferences before they started receiving care. Care plans developed from these assessments provided the information and guidance staff required to ensure people's individual needs were met in a personalised way.

Policies and processes were in place to support safe management and administration of medicines.

Systems were in place to protect people from abuse. These included safeguarding adults' policies and suitable training for staff. Personalised risk assessments helped keep the people safe and supported their independence.

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.

Proper recruitment and selection policies and procedures helped to ensure that only suitable staff were employed to provide care and support to people. Staff were provided with the induction, training and support they needed to carry out their roles and responsibilities in providing people with good quality effective care.

The registered manager was responsive throughout the inspection and to our feedback.

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 and update

The last rating for this service was requires improvement (published 10 March 2021.) Two breaches of

regulations were identified in relation to medicines and quality assurance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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.

#### Recommendation

We have made one recommendation about developing a more dementia friendly environment.

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](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was 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 inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The inspection team consisted of one inspector and an Expert 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.

#### Service and service type

St Joseph's Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Joseph's Care Home is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

The first day of this inspection was unannounced. We announced the second day of the inspection.

### What we did before the inspection

We reviewed the information we had received about the service since the last inspection, including the action plan we received from the provider telling us about the improvements that had been made in response to our findings at the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. The registered manager had provided us with a comprehensively completed PIR. We used all this information to plan our inspection.

### During the inspection

We spoke with the registered manager, operations manager, three senior care workers, the activities coordinator, cook and two people. Most people using the service, due to their needs were unable to provide feedback about their experience of living in the home. Therefore, we spent a significant amount of time observing care to help us understand the experience of people who could not talk with us. We reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of three people living in the home, four staff records, audits and policies and procedures that related to the management and running of the service. Following the inspection visit we spoke with six people's relatives and one friend by telephone.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure that medicines were always managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. Therefore, the provider was no longer in breach of regulation 12.

- At the last inspection, concerns were identified regarding the management and administration of people's medicines. People could have been at risk of harm as changes to people's prescribed medicines were not always recorded promptly on the relevant medicines' records. One person had been prescribed some medicines that were to be administered when required (PRN). There was no written guidance that directed staff when these medicines should be given. Therefore, there was a risk that staff may not be consistent and safe in the way they administered those medicines. Also, it was not recorded where on people's skin prescribed cream medicines had been applied.
- At this inspection, we found action had been taken to address these issues, measures had been put in place to make improvements and minimise the risk of similar concerns happening again.
- Details about people's medicines were documented in their care records for staff to view. Personalised guidance for staff to follow helped to ensure people received their medicines safely.
- Staff had received medicines training and their competency to administer medicines safely was assessed before they carried out that task.
- Staff recorded the administration of people's medicines on medicines administration records (MAR). This helped to ensure there was an accurate record of when medicines had been administered. These records were monitored closely by the registered manager to ensure people received their medicines as prescribed.

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

- The provider had processes and systems in place to protect people from the risk of abuse and keep them safe.
- Staff had received training about safeguarding people and were knowledgeable about the safeguarding adults' policies and procedures. They demonstrated a good understanding of how to recognise potential signs of abuse and knew they needed to report all allegations and suspicions of abuse without delay.
- The registered manager had a good understanding of their responsibilities in protecting people from the risk of abuse. They knew to report to the local safeguarding team, notify us and contact the police where applicable when abuse was suspected.
- Arrangements were in place to ensure that people received the help they needed from relatives with managing their finances. One person managed their own finances. Records of people's income and

expenditure were maintained and regularly audited to help minimise the risk of financial abuse.

#### Assessing risk, safety monitoring and management

- The provider had policies and systems in place to monitor, assess and minimise the risk of people being harmed and to keep them and staff safe.
- People and where applicable their relatives were involved in decisions to minimise potential risk. Risks associated with people's care, mobility, falls, fire safety and others had been identified, assessed and documented within people's care records. Guidance was in place for staff to follow to manage any identified risks, reduce the risk of people being harmed and to support their independence. One person's bedroom was on the first floor. Promptly, following the inspection, the registered manager completed stair risk assessments for that person and others living in the home to minimise the risk of people being harmed when using the stairs.
- Risk assessments were reviewed and promptly updated when changes in people's needs were observed. Staff were informed of changes, therefore they had up to date information they needed to manage risks and keep people safe. Staff we spoke with were familiar with people's risk assessments and the guidance they needed to follow to keep people safe.
- Certificates relating to the service safety checks of gas and fire safety systems were up to date. An annual check of electrical appliances was carried out during the inspection.
- People's relatives had no concerns about people's safety. Comments included, "I think [person] is safe and I'm not worried about [person]" , "[Person] is in safe hands and looked after beautifully."

#### Staffing and recruitment

- The provider had proper recruitment and selection systems in place to help ensure that only suitable staff were recruited to assist people with their personal care and support needs. These included obtaining and verifying references, checking gaps in employment history and carrying out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Staffing numbers and skill mix was based upon people's dependency needs. We observed that staff had time to provide care and assistance to people and to support them with leisure activities.
- Staff informed us that they felt there were enough staff to ensure people received the care they needed and wanted. People's relatives spoke highly about the care people received from staff and did not raise any concerns about staffing numbers and skill mix.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection. We noted that the surface area of one wall and a shelf were damaged. Therefore, difficult to keep clean. Following the inspection, the registered manager assured us that action was being taken to address these issues.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the



premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service had facilitated visiting by relatives in a safe way and in line with government guidance.

#### Learning lessons when things go wrong

- The provider had processes to report, record and monitor incidents and accidents. Incidents that had occurred were responded to appropriately and action was taken to minimise the risk of similar incidents or accidents happening again. Learning from incidents was discussed and shared with staff and acted upon. However, some of the provider's incident records had not always been fully completed, so it was not always clear whether or not the incident had been reported to the registered manager. The registered manager assured us that they were aware of all the incidents that had taken place and had been responsive in taking appropriate action. Following the inspection, the registered manager reviewed each incident record and shared lessons learnt with staff.
- The registered manager knew that incidents, accidents and complaints needed to be investigated and reviewed looking for causes and trends to help reduce the risk of similar events happening again.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The care home is an old building which showed signs of not being well maintained by the provider. The paintwork at the front of the house was chipped. In some areas of the home guttering was damaged. This had contributed to some vacant bedrooms not being suitable for people to inhabit due to damp. The operations manager showed us documentation that demonstrated repairs would be commencing shortly. The registered manager was very aware of the maintenance issues that should be addressed. He told us that he had been engaging with the provider and operations manager about the action needed to make the necessary improvements. We were provided with documentation that showed repairs were planned. Following the inspection, the registered manager provided information that showed some repairs had been completed and others were in progress.
- The garden was untidy and there were old and broken items that needed to be disposed of. A fence panel needed repair. The registered manager told us that maintenance of the garden had been difficult as the maintenance employee due to circumstances beyond their control had been away for some time. However, the registered manager was responsive in quickly removing the waste material from the garden, and we were provided with photographs that showed the garden had been suitably maintained, providing a more appealing environment for people to enjoy.
- Signage to assist people with orientation could be better. Several people were living with dementia, the decoration and design of the interior communal areas could possibly be improved to better meet their needs. These issues were discussed with the registered manager, who told us they would review the design and decoration of the home. Following the inspection, the registered manager provided us with information that showed action had been taken to make improvements including replacing toilet seats with coloured ones that were more visible and effective in supporting people's orientation needs.

We recommend that the provider considers current guidance about providing people with a dementia friendly environment that meets their needs and enhances their well-being.

- The home had closed circuit television cameras (CCTV ) located outside and within communal areas of the home. We were provided with CCTV policy, which included guidance about who could view the data and the length of time the information was retained.
- The home was warm and the atmosphere was calm and hospitable. People's bedrooms were personalised with items of their choice. People's relatives told us they were always welcomed by staff and people when they visited. One person's relative described the care home as a "homely, happy environment."

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

- Before people moved into the care home, their care needs and preferences were assessed with them and where applicable others involved in their care. This assessment helped to determine if the care home was suitable for the person and whether it could meet their individual needs and choices.
- Personalised care plans and risk assessments were developed from the initial assessment. They included detailed personalised guidance for staff to follow to ensure they delivered people's care in the way they wanted and needed and were kept under regular review and updated when people's needs and preferences changed.
- People's care plans included details of their interests and the support they required to make choices. People's dietary, cultural, religious, sensory and health needs had been identified in their care plan records and personalised guidance helped staff to support people in meeting those needs. One staff spoke of supporting people's cultural needs. They told us they spoke the same birth language as one person using the service and translated what the person said so that other staff better understood the person's needs and wishes.
- Staff spoke enthusiastically about providing people with personalised care. One staff told us about the importance of engaging with people in a respectful and reassuring manner, sitting beside them and not standing over them. Another staff told us that the staff team were "really caring" and ensured that each person got "really good care."

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles effectively in meeting people's needs and keeping them safe. Training included dementia awareness, moving and handling, health and safety, emergency First Aid and pressure ulcer prevention. Staff spoke highly about the training they had received.
- Staff had been supported by the service to complete qualifications in health and social care. This helped staff to develop their knowledge and skills to enable them to provide people with good quality person centred care.
- The registered manager spent a significant amount of time with people and staff, often providing 'hands on care'. He told us that he observed and monitored staff's practise to check they were using their care skills respectfully, effectively and safely when carrying out their duties such as assisting people with personal care.
- Regular supervision meetings and team meetings provided opportunities for the registered manager and care staff to address concerns, provide staff with support and reinforce learning and development. Policies, training, people using the service and best practice guidance were discussed during these sessions. Staff told us that the registered manager was very supportive and provided them with direction, advice and encouragement.

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

- People were supported to eat and drink enough to ensure their nutritional and dietary needs and preferences were met.
- People's dietary requirements and preferred foods were recorded in care plans. The cook was knowledgeable about each person's dietary needs and preferences and ensured these were met. We saw that one person who preferred small portions had this accommodated. Their meal was suitably presented on a small plate.
- People were provided with the support they needed with meals. During lunchtime people were not rushed and staff sat next to the people that required assistance with their meal and engaged with them in a sensitive and respectful manner. Drinks and snacks were offered to people frequently during the inspection.
- People's weight was monitored and significant changes in people's weight were recorded and reported to

the person's GP and others involved in the person's care.

- Care staff told us they ensured any changes in people's eating and drinking needs were reported to people's relatives and the registered manager.

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

- The service supported people to access health services, when necessary and received routine healthcare, including chiropody treatment and eye checks to monitor and help prevent illnesses or other health problems. People had appointments arranged to have booster COVID-19 vaccinations.
- Relatives were complimentary about the access to health care services. Their comments included, "They keep me up to date on everything, always let me know if the doctor has been."
- There were records of contact with a range of health professionals. During the inspection a nurse practitioner (trained specialist nurse) visited the care home and reviewed people's individual medicines needs and provided support and advice about providing a person with end of life care.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People were supported to make choices and decisions about their lives. Details of the choices each person had the capacity to make were detailed in people's care plans. People's care records included information about the support people needed from relatives and others involved in their care with making decisions to do with their care.
- Staff completed training to help them understand the principles of the MCA. They understood the importance of gaining people's consent before providing care and support and promoting people's rights and choices. They knew that if a person did not have the capacity to make a particular decision, it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.
- Staff knew they needed to report to the registered manager when they noticed any changes in people's ability to make decisions and choices.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure that the quality assurance systems were always effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. Therefore, the provider was no longer in breach of regulation 17.

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

- At our previous inspection we had identified that the service's monitoring system had not always been effective. We identified shortfalls around the management of medicines and risks which placed people at risk of harm. At this inspection we found that action had been taken to address the deficiencies and make the necessary improvements to ensure people received good quality safe care.
- Systems and processes were in place to continually assess, monitor and review quality and safety. Regular audits of the service were carried out by the registered manager and operations manager. Lessons were learned and action was taken to address shortfalls that were found and improvements were made when needed.
- Whist we raised concerns about the length of time it had taken to address maintenance issues, the provider responded promptly to our feedback. Following the inspection, the registered manager, operations manager and provider met to discuss the service including the maintenance needs of the care home. We were provided with the minutes of that meeting. These showed an action plan that addressed the environmental maintenance needs had been developed and was in progress.
- The registered manager and care staff were clear about their roles and responsibilities. The registered manager was aware of the importance of constantly learning and improving the care people received.
- People's relatives spoke very highly about the way the home was managed and the care that people received. Comments from people's relatives included, "The home is marvellous", "[The registered manager] is excellent, he responds to me when I contact him. He keeps me well informed about my [relative]", "[Person] is well looked after and the staff are kind. I couldn't ask for better staff. I feel welcomed when I go there. They treat the clients well", "The home is absolutely fantastic. The staff are really lovely. I am kept well informed."

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

- The service had a positive culture that was person centred and inclusive which helped to ensure good outcomes for people were achieved.
- There was clear leadership and oversight at the service from the registered manager, with support from the operations manager.
- Staff knew people very well and spoke about them in a very caring way. They spoke of the importance of listening to people and those involved in their care, which helped to ensure people always received personalised care and support.
- We received some very positive feedback from people's relatives about the care and support people received.

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 was knowledgeable about the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with people's care and treatment. If mistakes were made, the registered manager understood they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager knew what type of events they needed to notify us and other organisations about.
- People's relatives spoke highly of the registered manager's engagement with them and were confident that concerns and incidents to do with people's care would always be shared with them and addressed.

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

- The registered manager had an 'open-door' policy. Staff told us they were able to approach the registered manager if they had any concerns and felt able to speak up about any issues to do with the service. They told us they were listened to and were confident concerns would be acted upon appropriately and promptly. Staff told us the registered manager was "Here for us" and that "The manager's door is always open."
- The provider had systems in place that supported staff, people and those important to them to be fully involved in people's care. People's equality protected characteristics, including, age, disability, religion or belief and race were included in their care plans. These were understood and respected by staff. People were provided with the support they needed to ensure these needs were met. One person regularly attended a place of worship. Staff told us, "People's culture and views are very important, we respect people's differences."
- Staff knew people well. They told us about people's individual needs and the way people communicated when they were unable to speak about their wishes and needs. A member of staff spoke about the importance of having eye contact with people and understanding how they communicated their needs by gestures, touch, facial expressions, actions and sounds.
- The activities coordinator spoke passionately about her role in supporting people to do things they enjoyed. Several group and one to one activities took place during the inspection. Some people told us they enjoyed those activities, others who were unable to tell us indicated from their participation, actions and facial expressions they were happy taking part in them.
- Staff spoke of good teamwork and the support they received from the registered manager in carrying out their role and responsibilities. They confirmed they received the information, training and up to date guidance they needed to provide people with personalised and safe care.
- Regular staff meetings took place where a range of matters to do with the service, best practice and people's care were discussed.

Working in partnership with others

- The provider worked in partnership with other health and social care organisations and agencies.
- The registered manager spoke about the importance of effective communication with those involved in the person's care. They supported open and honest engagement with relatives, people using the service and healthcare and social care professionals.
- People and their relatives had opportunities to provide feedback about the service including the care people received. One person's relative told us that the registered manager often asked them for feedback about their view of the care home and they were confident that any concerns would be "sorted out" by the registered manager.