

HC-One Oval Limited

# The Harefield Care Home

## Inspection report

Hill End Road  
Harefield  
Uxbridge  
Middlesex  
UB9 6UX

Tel: 01895825750

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Harefield Care Home offers accommodation and personal or nursing care for up to 40 people, some of whom are living with dementia. The accommodation is provided in two ground floor units in a purpose-built building. There were 27 people using the service at the time of our inspection. The service is part of HC-One Oval Limited, a large organisation which operates over 300 care homes across the United Kingdom.

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

Not all the risks to people's safety and wellbeing had been identified, assessed and managed. We found a safety concern on the day of our inspection which meant people may have been at risk of avoidable harm.

Although the provider's monitoring checks had not identified the safety concern we found, these had improved since the last inspection. The provider took immediate action to ensure this was addressed immediately.

People who used the service received their medicines safely and as prescribed. There were systems in place to protect people from the risk of infection and cross contamination. The provider had processes for recording and investigation incidents and accidents. We saw that these included actions taken and lessons learned.

There were procedures to help make sure staff were suitable and had the skills and knowledge they needed. These included recruitment checks, regular training and supervision. People and relatives were happy with the care they received. They said the care staff were kind and met their individual needs. People were supported to take part in activities they liked.

Care and support plans were comprehensive. They contained the necessary information about the person and how they wanted their care provided. People's communication and healthcare needs were recorded and met. People's end of life wishes were recorded in their care plan. This included their religious and cultural needs and how they wanted their care when they reached the end of their life.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the inspection to show what they would do and by when to improve. We undertook a focused inspection on 12 August 2020, to check if improvements had been made. We found the provider had met regulation 18 but were still in breach of regulations 9 and 17. At this inspection we found further improvements had been made but the provider was still in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Harefield Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# The Harefield 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 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

The inspection was carried out by two inspectors, a nurse specialist advisor, a member of CQC's medicines team 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

The Harefield 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. 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 10 people who used the service and four relatives about their experience of the care provided. We spoke with 14 members of staff including the area quality director, area manager, registered manager, deputy manager, clinical lead, a senior care worker and care workers.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at staff records in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were 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. We emailed two professionals who are regularly involved with the service and received a reply for one.

# 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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Not all risks to the safety of people who used the service had been assessed and mitigated. During our inspection, we found a door from the ground floor corridor led to a fire exit door and both doors could easily be opened, putting people at risk of possibly leaving the building and accessing the car park. This placed people at risk of avoidable harm.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised this with the registered manager and senior managers who escalated this concern immediately. A risk assessment was put in place whilst waiting for a keypad linked to the fire system to be installed. Following the inspection, we were kept informed of the progress of this and saw evidence of a robust risk assessment being in place.
- There were detailed risk assessments for people who used the service and these were regularly reviewed and updated. They contained guidelines for staff on how to reduce the risk of avoidable harm.
- Staff conducted frequent monitoring checks, especially for people who were being supported in bed. These included repositioning, air mattresses, food and fluid, weight and skin integrity checks. We saw evidence that action was taken when a concern was identified. For example, where a person had lost weight and had a problem with swallowing food, an appropriate referral to the Speech and Language Therapy (SALT) team had been made via the GP.
- The provider had a health and safety policy and procedures in place, and staff told us they were aware of these. There were processes in place to help ensure a safe environment was provided, including gas and electrical appliances and fire safety checks. People had individual fire risk assessments and Personal Emergency Evacuation Plans (PEEPS) in place. Fire safety checks were undertaken and included emergency lighting and fire extinguishers. We saw evidence that these were up to date.

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

- People were protected from the risk of abuse. People we spoke with indicated they felt safe living at the service. One relative told us, "I think [family member] is safe. It's secure, there are regular staff."
- Staff received training in safeguarding adults and training records confirmed this. The provider had a safeguarding policy and procedure in place. Staff were able to tell us what they would do if they suspected

someone was being abused. Most staff were aware of the whistleblowing policy and who to contact if they had concerns about people's care or safety.

- The provider worked with the local authority to investigate safeguarding concerns and notified the relevant agencies.

#### Staffing and recruitment

- There were enough staff on duty to meet the needs of people who used the service. New staff had been recruited recently including a new deputy manager, clinical lead and care staff. A member of staff told us, "Staffing has improved, it's ok now."
- Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed.

#### Using medicines safely

- People received their medicines safely and as prescribed including controlled drugs. We checked medicines storage, 10 medicines administration record (MAR) charts, and medicines supplies. All prescribed medicines were available at the point of need and the provider had made suitable arrangements about the provision of medicines for people. Medicines were stored securely in locked medicines cupboards or trolleys, and immobilised when not in use.
- Fridge temperatures were taken each day (including minimum and maximum temperatures) and were found to be within safe range.
- There were separate charts for people who had patch medicines prescribed to them (such as pain relief patches) and also topical medicines. These were mostly filled out appropriately by staff. We saw one instance where the records from the MAR chart didn't match the records from the separate application chart and this was rectified on the day of inspection.
- Running balances were kept for all medicines which had a variable dose (for example one or two paracetamol) and there was a record of the exact amount given. We found antibiotics were given at the correct doses for the appropriate length of time as specified by the prescriber. Also, for people taking inhalers we saw records to indicate the number of puffs they had received from each inhaler and this was in line with the prescriber's instructions.
- People obtained their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour was not controlled by excessive or inappropriate use of medicines. For example, we saw 10 PRN forms for pain-relief/anxiety medicines. There were appropriate protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine did not have its intended benefit.
- We looked at two MARs for people who were administered their medicines covertly. We found that they had a best interests meeting and the appropriate authorisation to enable them to have their medicines administered covertly and in line with legislation and recommended guidance.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. We saw evidence the registered manager met with the team to discuss incidents, accidents and safeguarding concerns, identify why these happened and how to prevent reoccurrence. For example, a person who used the service had been transferred to another home without the relevant documents and medicines and a complaint had been made. We saw evidence of an investigation and discussion to establish what went wrong and how to prevent this happening again.
- A recent improvement made by the provider included ensuring that all PRN protocols were up to date and were reviewed on a regular basis. This was because a previous audit had highlighted that not all PRN protocols had been updated. This showed the provider had learned from medicines related incidents to improve practice.
- The provider kept a log of all incidents and accidents which occurred. This included the date, nature of accident or incident and outcome. Incidents and accidents were reviewed by the registered manager, uploaded on the electronic system and reviewed by senior management. We reviewed a sample of recent incidents and saw that appropriate actions had been taken.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection on 19 February 2019, people's activity records showed that staff did not always use respectful language and did not always demonstrate an understanding about the person's needs. Behaviour monitoring charts (ABC forms) were not always completed appropriately when a person displayed behaviours that challenged and activity provision did not always meet people's individual needs.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection on 12 August 2020, some improvements had been made but the provider was still in breach of this regulation. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 9.

- People's needs were recorded in their care plans and met. People told us they were happy with the care they received. Their comments included, "They are good to me here. They help and never get cross", "They're very nice people. We have a good laugh. You couldn't wish for a nicer crowd. You're never excluded" and "During the night, there's always someone to talk to."
- Care plans were developed from the initial assessments and were detailed. The registered manager told us they were in the process of introducing an electronic system which would help staff accessing care plans and information more easily.
- Care plans stated the person's preferences and views and how staff should meet these in a range of areas such as personal care, eating and drinking, safe environment, continence and medicines. They also included people's choice in relation to the gender of the care workers who supported them, and staff respected this. Care plans were reviewed monthly or more often if the person's needs changed. Staff completed daily records of people's care at the end of each shift. We saw these were written respectfully and stated tasks completed as well and the social and wellbeing of the person.
- Wound care was well documented in people's care plans and included clear management plans, evidence of referral to the tissue viability nurse and completed body maps. We saw that staff recorded the healing progress of the wound, and the daily care the person received.
- There was a 'resident of the day' system, whereby each day, a person using the service was focused on. This included seeking their view of the service, their relative, reviewing their care plan and for their keyworker to evaluate the care plan and risk assessments to help ensure it was still meeting their needs, or if any changes needed to be made.

## Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans and met. These plans included the person's preferences and views, their native language and support they needed in relation to this, vision and hearing needs and understanding and comprehension. Where possible, staff who spoke the same language were able to converse with specific people in their language which facilitated conversation and promoted positive rapport.
- People had 'stress and distress' care plans in place. This took into account people's conditions and how these could lead to difficulties in communicating their needs, therefore some people may express stress or behaviours that may appear challenging as a result. When this happened, the staff used 'Antecedents behaviour consequences (ABC) charts'. These were correctly completed, recording the situation prior to the incident and the actions taken by staff. These were used to understand any triggers to incidents, therefore helping staff to prevent these from happening again.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to undertake activities of their choice. An activity coordinator was employed to deliver an activity programme to suit the needs of people who used the service.
- People told us they enjoyed the activities on offer. Their comments included, "[Activity coordinator] often comes and does exercises for your arms and legs. They try very hard to make it fun", "We've got a big ball that we throw to each other" and "[Activity coordinator] comes with a quiz book or a musical quiz which we all like."
- On the day of our inspection, we observed people taking part in a live online yoga class. People appeared to enjoy this activity and participated enthusiastically. One person told us, "I can't do much but they encourage me to exercise."
- People had activity care plans in place which took into account their likes and dislikes and how they wanted to be supported with a variety of activities. People also told us they were encouraged to use the garden when the weather was good. They said they were supported to see their relatives and were able to communicate with them during lockdown.

## Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and people and relatives knew how to report any concerns they may have. The provider kept a log of all complaints they received. We saw these were addressed appropriately and responded to in a timely manner, and in line with their complaints policy and procedures.
- During a conversation, a relative was unhappy and told us, "I have one major complaint. I phone every evening to see how my relative is. It takes 15 or 20 minutes for them to answer." We discussed this with the management team who assured us they were aware of issues with the telephone system and were in the process of updating this.

## End of life care and support

- Where possible, people were consulted about their end of life wishes. We saw a document in people's care records, entitled 'future decisions'. This included what the person wanted to happen when they reached that stage, and what care and support they required. It also recorded any religious or spiritual needs the person may have. A healthcare professional told us, "For me, I feel that recognising a resident is

deteriorating and may be in the last phase of life needs to be better recognised." They added that training for care homes was being planned for later in the year.

- 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms were kept in people's records. We saw these were completed appropriately by the relevant healthcare professionals and include a summary of the discussion with the person or, where appropriate, their representative.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, the provider's quality monitoring systems had not always been effective and had failed to identify the issues we had found in a timely manner so they could make the necessary improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer breaching this regulation. However, further improvements were needed.

- The provider had improved their systems for monitoring the quality of the service to help ensure they identified concerns early and addressed these.
- However, monitoring checks had not identified that two doors leading to the car park were easily opened and posed a risk to people using the service. Once we made the operations manager and quality director aware of this, they took immediate action to make this safe. They emailed us evidence that a robust risk assessment was in place and a keypad was to be installed and linked to the fire system.
- The provider undertook a range of audits and checks and these were effective. We viewed a recent call bell audit which identified some call bells were not answered in a timely manner. This was addressed with all staff during a group supervision, and an expectation for this to improve immediately. It was also agreed that call bell audits would be more frequent to ensure this did not happen again.
- There were weekly 'dignity in dining', 'weight management', and 'falls and safer people handling' audits. There were regular 'falls' team meetings where any incidents in relation to people falling were discussed and analysed in the hope of reducing the risk of reoccurrence. The registered manager undertook out of hours visits to the service, to help ensure people were receiving care and support at different times of the day and night. A recent visit showed there were no concerns identified. There were daily walk rounds by senior staff to check people's needs were being met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff's opinion about the registered manager varied. One staff member told us they did not think

concerns would be addressed if they reported these. They added the registered manager only came out of their office when there were people around looking at the place. They said, "Even if you see [them] in the corridor [they don't] even say hello to you."

- The registered manager told us they had a good relationship with the health and social care professionals involved in people's care, such as the GP, pharmacist and district nurses. However, a healthcare professional told us the registered manager was sometimes difficult to communicate with and frequently did not respond to emails or telephone messages. They added other health professionals had also experienced this.
- Following a recent survey asking stakeholders for their opinion, some people raised concerns about management and the environment. Following this, the provider had put an action plan in place to make the necessary improvement. For example, the area manager told us they were starting a complete refurbishment of the home in July 2021.
- We fed back the concerns raised to the provider who assured us they were providing additional support to the registered manager to help ensure improvements were made and embedded and to further develop them within their role.
- People and relatives were mostly complimentary about the staff team and the registered manager. One person told us, "I've seen the manager but I haven't had a lot to do with [them]. I think [they] keep a good eye on the situation. [They are] very efficient." A relative agreed and said, "The manager, [they are] very good as well. [They are] very helpful. It's difficult to get to see [them] but when I do, it's good."
- Some of the staff we spoke with told us they felt supported and thought the registered manager was good. One staff member told us, "[They are] here every day, when [they are] not here the deputy manager is here."
- The registered manager was supported by a deputy manager, a clinical lead and a team of qualified nurses and care workers. They told us they were well supported by the senior managers and communication was good.
- The registered manager attended regular meetings and provider forums organised by the local authority and found these helpful.

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 provider understood their responsibility in relation to duty of candour. They informed the relevant bodies of all incidents, accidents and complaints and responded to these in a timely manner.
- The senior team told us they thought it was important to be honest and open when mistakes are made, or incidents happen. They told us they ensured they shared this information as necessary and apologised.

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

- The provider sought feedback about the service from the relatives of the people who used the service. The last survey had taken place in October 2020. They told us they did not do this with people who used the service as many of them had complex needs and were unable to understand the process. However, they told us they spoke with people individually and on a daily basis to help ensure they were happy.
- The provider issued a monthly newsletter to people and relatives to inform them of any updates such as COVID-19 government guidelines, activities and any relevant information. We saw in May, there had been celebrations for a person who turned 100.
- There were regular team meetings and managers meetings. Issues discussed included current leadership, recruitment, respect and dignity, IPC, teamwork, supervision and people who used the service. Minutes were signed by staff to evidence they had read these and agreed their content. There were also regular clinical review meetings. These were used to discuss the outcome of audits, any risks emerging and how to manage these, and any concerns in relation to people who used the service.

- There were daily 'flash meetings' where staff from different departments got together to have a discussion about the planning for the day and any concerns they may have. The meetings were attended by administration, maintenance, kitchen, housekeeping and wellbeing staff.

#### Continuous learning and improving care

- Relatives and friends were able to review the home online. We saw 22 reviews had been submitted and the overall score was 9.7 out of 10. Some of the comments included, "Manager and team are very caring", "My mum was well looked after", "Thank you for the love and care for [family member]" and "Excellent care."
- The provider kept a log of all compliments they received from visitors and relatives. These included, "Thank you for the care and patience looking after [Person]. I am very grateful" and "Very much appreciate your compassionate care for our [family member]."
- The registered manager received support from the operations manager and quality director, who visited at least weekly. They were visiting on the day of our inspection. They described their roles and how they ensured the registered manager could approach them anytime if they required support or advice. The registered manager told us their support had made a difference in the overall management of the home. They said, "They are so good, and come every week to support me, we discuss everything, it had made such a difference."

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
Treatment of disease, disorder or injury	<p>The registered person did not always assess the risks to the health and safety of service users of receiving care and treatment.</p> <p>Regulation 12</p>