

Bondcare (London2) Limited

# St. Johns Wood Care Centre

## Inspection report

48 Boundary Road  
London  
NW8 0HJ

Date of inspection visit:  
12 August 2020

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02 October 2020

### Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

St Johns Wood Care Centre is a care home that can accommodate up to 100 people, who require personal and nursing care. There were 69 people in residence at the time of this targeted inspection. Since our previous inspection the parent company owning the home has transferred its registration from Bondcare (London) Limited to another of their legal entities Bondcare (London2) Limited. Apart from a change in the structure of the provider which resulted in a change of registration, it continued to operate as previously with mostly the same staff and people using the service.

The service provided nursing and personal care on five floors, although the top floor was not in use at the time of this inspection visit. People had their own en-suite bedrooms and shared other bathrooms and shower rooms, as well as lounges and dining rooms on the floor where they live.

One floor specialised in caring for people with dementia, however, people living with dementia also lived on other floors of the home. Another floor specialised in caring for younger adults with acquired brain injury or other conditions limiting their ability to live independently.

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

At the time of our previous inspection the service was about to begin a process of improving care planning as care plans at that time were complex and lacked clarity. Updating the current assessment of need for each person using the service had begun prior to our previous inspection and had been completed. Most relatives we spoke with felt able to raise things they wanted to although some did repeat concerns that they had separately raised over the previous few months directly with the Care Quality Commission. People usually felt that staff were caring, although there had been occasions over the last few months where a concern was raised about some specific areas of care for some people. Not everyone we spoke with thought there was enough consistency although others thought they had seen some improvement. The impact of lockdown during Covid 19 had understandably resulted in anxiety about the care of their loved ones at the home for some relatives.

There was a home manager, who had taken over from the previous manager three weeks prior to this inspection. This person was, however, able to demonstrate that they had a grasp of issues needing to be fully and properly addressed at the home.

### Rating at last inspection:

The last rating for this service was requires improvement (published 7 March 2020).

We have not awarded a rating to the service on this occasion.

### Why we inspected:

We undertook this targeted inspection to check whether the Warning Notice we served as a result of the

previous inspection in relation to Regulation 9 (Person centred care) had been met. Work had been undertaken around care planning, and the previous issue had been largely addressed although fully utilising some aspects of the care planning system was still to be completed in a couple of instances that we saw. Enough improvement had been made at this inspection and the provider had complied with the warning notice and was no longer in breach of regulation 9.

We also looked at whether previously identified breaches in relation to risk assessments not being fully completed or followed through, Regulation 12 (Safe care and treatment), and monitoring people's food and fluid intake, Regulation 14 (Meeting nutritional and hydration needs), had been met.

Risk assessments were completed although in two instances we saw that specific risk assessments had not been linked to a care plan need but the risk assessments had been compiled. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Monitoring of people's food and hydration, Regulation 14, had improved with one exception of this needing to be recorded more clearly. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

We also looked at the current management arrangements at the home and arrangements to keep people safe from harm.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not award a rating or change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Please see the safe and effective sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Johns Wood Care Centre 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?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

# St. Johns Wood Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the specific concern we had about person centred care, risk assessments and ensuring people's nutrition and hydration needs were met. We also looked at infection control and management arrangements at the home. We will assess all of the key question at the next comprehensive inspection of the service.

#### Inspection team

The inspection team comprised of two inspectors 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. They conducted telephone interviews with a selection of relatives of people that were using the service.

#### Service and service type

St Johns Wood Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission as the person previously in this position had left a few weeks prior to this inspection taking place. A new manager had been appointed but had not yet made an application to register with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to ensure suitable arrangements could be made during our visit in relation to COVID-19 safety measures. We also wanted to ensure arrangements were in place for the inspection team to speak with relatives remotely. It was not possible to spend individual time with people living at the home although we did observe people interacting with staff and had brief passing conversations asking people how they were during our tour of the home.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback

from two local authorities that commission most people's placements at the home. We used this information to plan our inspection.

During the inspection:

We spoke with 11 relatives of people using the service by telephone about their relatives, and their own experience of the care provided. We observed care to help us understand the experience of people who could not talk with us. We spoke with a nurse, an activity co-ordinator, the deputy manager and the manager. We invited other staff, regardless of their role at the home to provide us with confidential feedback via email and we received one reply.

We reviewed a range of records. This included seven people's care plan records as well as the records for monitoring people's food and fluid intake if this needed to be monitored. We also looked at multiple risk assessment records, which covered a range of areas, including pressure ulcer care, diabetes care, general healthcare risks, including the response to the COVID 19 pandemic, and risk of falls. We also looked at a variety of records relating to the management of the service, including policies and procedures specific to infection control and COVID 19 pandemic response and safeguarding people from abuse as well as care planning records.

After the inspection:

We continued to seek clarification from the provider to validate evidence found.

# 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. We have not given a new rating for this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the risks relating to the health safety and welfare for people was carried out, in respect of the requirement notice we had issued in regard to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will assess all of the key question at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

At our previous inspection in January 2020 we identified a breach in relation to Regulation 12 (Safe care and treatment) as risk assessments were completed for most areas of potential risk that people faced but were not at that time always followed through with action being taken in some cases. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At this inspection we found that these were a couple of cases where risk assessments were not linked to a care plan need on the newly introduced care planning system, although this was flagged up on the care planning database. We found no evidence that people had been harmed as a result of this as risks for people were assessed and mitigated to promote safe care.
- Risk assessments were in place on the seven care plans we viewed. We found that the necessary follow through of information on specific people's care plans had resulted in clearer identification of the specific action required to address the areas of risk in most cases. However, we identified two cases where risk assessments had not been linked to specific care plan needs. We discussed this with the new manager who acknowledged that this needed to occur and would be corrected as a priority.
- The new care planning system had the advantage of flagging when an update to specific risk assessments was soon to be due, or if an update was overdue. On the care plans we examined no risk assessments had been flagged as being overdue.

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

- People were kept safe from avoidable risk of harm or abuse. Safeguarding concerns had been raised since our previous inspection and during the COVID-19 pandemic. All but one of these had been resolved although they highlighted that further improvement to the care practice of a small number of staff was required.
- Most relatives we spoke with thought that care staff looked after people well, with a small number of exceptions based on the specific experiences that relatives had previously informed us about.
- Relatives we spoke with had a mixture of views about how safe they felt their loved one to be at the home.
- Relatives told us, "[relative] says she is happy and has made friends", "[relative] has been there for a while now; it has got better recently" and "There was a bad incident recently but I do feel [relative] is safe and being looked after properly."
- We had been informed by the previous registered manager, and now the new manager, that staff

shortages had not been an issue during the COVID-19 pandemic.

- Staff had access to the providers policy and procedure for protection of people from abuse and were trained on a cyclical basis to update their awareness about keeping people safe from harm.

Preventing and controlling infection.

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections and using social distancing protocols which enabled people to receive visitors [visiting and speaking with relatives either through windows or on the balconies] in a safe way. Staff did not take our temperature on arrival as they could not locate the thermometer.
- We were assured that the staff team were using personal protective equipment, for example face masks, gloves and aprons, effectively and observed care and nursing staff using PPE.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. BAME risk assessments for people and staff who were of black and minority ethnic backgrounds had not been completed. However, the manager sent us a BAME risk assessment format the day after our inspection visit that they undertook to complete for all people, whether people using the service or staff, that the increased risk was applicable to.
- We were assured that the provider's infection prevention and control policy was up to date and that hygiene and infection control procedures were being adhered to by care and nursing staff.



# 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 requires improvement. We have not given a new rating for this key question as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had fully met the requirements of the warning notice we subsequently served after our previous inspection in relation to Regulation 9 (Person-centred Care) and a separate requirement notice we had issued in relation to Regulation 14 (Meeting nutritional and hydration needs).

We will assess all of the key question at the next comprehensive inspection of the service.

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

At our previous inspection we identified a breach of Regulation 14 (Meeting nutritional and hydration needs) as there was a lack of clarity in most care plans that we looked at in relation to people drinking enough each day. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 14.

- At this inspection we found that there was no evidence that people had been harmed, however, we identified one case where there was insufficient detail about the amount of fluid one person had been consuming each day. Instead of writing the amount the care notes stated "plenty" when describing how much the person had drunk rather than a clear description of the amount consumed. We found no evidence that the person had been harmed due to this.
- The recently introduced care planning system did allow for recording of the amount fluid intake to occur so any potential concern about fluid intake could be flagged for speedy review.
- We discussed this with the manager who told us that these elements had still to be updated on the care plan system and she would prioritise this and clarify with nursing staff how fluid intake should be recorded.
- Feedback we received from the two local authorities that placed most people at the home was that overall care planning, including food and fluid monitoring, had significantly improved but with some work still to be done to fully utilise the care plan system.
- Relatives told us that they were mostly, apart from minor occurrences, satisfied with meals that their loved ones were provided with, including specific requests.
- On the day of our inspection we observed that there were enough staff available to assist people who required help to drink and eat their lunchtime meal. This was the situation whether people ate meals in the dining rooms or in their own bedrooms.

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

At our previous inspection we identified a breach of Regulation 9 (Person-centred Care) and a warning notice was issued due to lack of consistency in care planning. We identified issues in relation to the

thoroughness of the care plans, the way these were written, and care planning information was unclear about the exact nature and response to some people's care and support needs. Enough improvement had been made since our previous inspection and at this inspection we judged that the provider had complied with the warning notice issued and was no longer in breach of Regulation 9.

- We were shown the electronic care planning system that, after our inspection of January 2020, we were told by the previous manager had been fully implemented for all people at the service by 31 May 2020.
- Each of the people using the service had their care plan entered onto this system and the seven care plans we looked at showed most care plan elements had been fully completed. We have identified a few exceptions we have referred to in other areas of this report in terms of linking risk assessments to care plan needs in some cases and fully utilising the system included in care plans for consistently documenting fluid intake. People's key care needs were, however, recorded and the care plan system made these needs readily identifiable, along with the action taken each day to address peoples care and support requirements.

# 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. We have not given a new rating for this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to explore the information we had received regarding the departure of the previous manager and if the management arrangements at present were suitable and safe. The provider had changed company name in May 2020 and had registered the home under a different company entity but all other arrangements for organisational management of the home remained unchanged.

We will assess all of the key question at the next comprehensive inspection of the service.

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

- The previous registered manager left the home in July 2020. A new manager was appointed on 23 July and had been at the home for just under three weeks prior to this inspection.
- Our conversations with this person indicated that they had a grasp of issues that had previously arisen, and they acknowledged there were some areas that we discussed as needing to be addressed to improve quality, but people were safer than they had been at the start of the year.
- The Covid 19 pandemic had been an enormous challenge for everyone living at the home, their relatives and the staff team. The provider had supported everyone during this period, and continued to do so, and it is worthy to note that the staff team had worked very hard to keep people as safe and as well cared for as possible during a very difficult time.