

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?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook this unannounced inspection on 26 February 2016. St Joseph's Care Home is registered to provide personal care and accommodation for a maximum of 19 people, some of whom may have dementia. At this inspection there were 15 people living in the home.

At our last inspection on 1 September 2014 the service met all the regulations we looked at.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People living in the home had varying degrees of dementia. Some of them could not provide us with comments regarding the care provided. Some were able to tell us about their experiences and views. They informed us that they were satisfied with the care and services provided. They said they had been treated with respect and felt safe living in the home. There was a safeguarding adults policy and suitable arrangements for safeguarding people.

Staff were caring and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and recorded. Staff prepared appropriate care plans which involved people and their representatives. Personal emergency and evacuation plans (PEEPs) were prepared for people and these were seen in the care records. People's healthcare needs were monitored. Staff worked well with community healthcare professionals to ensure that people's needs were met. This was confirmed by relatives we spoke with.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Residents' meetings and one to one sessions had been held for people and the minutes were available for inspection. The home had an activities programme to ensure that people were encouraged to participate in social and therapeutic activities.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. During this inspection we found that the home had followed appropriate procedures for complying with the Deprivation of Liberty Safeguards (DoLS) when needed.

There were suitable arrangements for the provision of food to ensure that people's dietary needs and cultural preferences were met. People were satisfied with the meals provided. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. Audit arrangements were in place and some people who spoke to us could confirmed that they had been given their medicines. This was

also confirmed by relatives we spoke with.

Staff had been carefully recruited and provided with induction and training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their manager. There were enough staff to meet people's needs. Teamwork and communication within the home was good.

People and their representatives expressed confidence in the management of the service. The results of the last satisfaction survey and feedback from people and their representatives indicated that they were mostly satisfied with the care and services provided. Staff were aware of the values and aims of the service and this included treating people with respect and dignity and promoting their independence.

The premises were clean and no offensive odours were detected. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, drills, training and a fire equipment contract. We however, noted that the gate to the attic room which had an unrestricted window was not locked. The registered manager agreed that a lock would be fitted. We were informed soon after the inspection that a lock had been fitted and a window restrictor fitted to the window.

The complaints procedure was on display in the home. Complaints made had been promptly responded to. Regular audits and checks had been carried out by the registered manager of the home and senior company staff. We however, noted that these audits did not identify and promptly rectified some deficiencies such as the names of staff not recorded for fire drills, safeguarding policy not updated and the medicines trolley not being chained to the wall. The deficiencies were promptly rectified after the inspection.

Social and healthcare professionals provided positive feedback regarding the management of the home. They indicated that the home was well organised and staff communicated well with them.

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. Staff were aware of the safeguarding policy. They had received training and knew how to recognise and report any concerns or allegation of abuse. People informed us that they felt safe in the home.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. Staff were carefully recruited. There were sufficient staff to meet people's needs. The home was clean and infection control measures were in place. There was a record of essential inspections and maintenance carried out.

Is the service effective?

Good ●

The service was effective. People who used the service were supported by staff who were knowledgeable and understood their care needs.

People had access to healthcare services. Their nutritional needs were met.

Staff were well trained and supported to do their work. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring. People were treated with respect and dignity. Staff were able to form positive relationships with people and they were responsive to their needs.

Residents meetings and care reviews had been held. People and their representatives, were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices. Reviews of people's care had been carried out.

The home had an activities programme to provide social and therapeutic stimulation for people.

There was a complaints procedure and complaints made had been promptly responded to.

Is the service well-led?

Good ●

The service was well-led. Audits and checks of the service had been carried out by the registered manager and senior staff. These included medicines administration and health and safety checks. These audits and checks were not sufficiently comprehensive and did not identify and rectify certain deficiencies we noted. The deficiencies were promptly rectified soon after the inspection.

People, their relatives and professionals expressed confidence in the management of the service. Staff worked well as a team and they informed us that they were well managed.

St Joseph's Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 26 February 2016 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home.

There were 15 people living in the home. We spoke with 7 people and 2 relatives. We also spoke with the registered manager, the deputy manager and six staff of the home. We observed care and support in communal areas and also looked at the kitchen, garden and people's bedrooms. We also obtained feedback from two social and healthcare professionals.

We reviewed a range of records about people's care and how the home was managed. These included the care records for four people living there, four recent staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

People stated that they were safe in the home and were satisfied with the care provided. One person said, "I am very comfortable. We are very safe here." One relative said, "My relative is happy here. My relative is safe here." A second relative said the home had enough staff to ensure that people were safe.

We observed that people were cleanly dressed and appeared well cared for. Staff were constantly present and they interacted well with people.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Staff had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were on display in the home. We however, noted that the safeguarding policy had not been updated and still referred to the Independently Safeguarding Authority and previous legislation. The registered manager stated that the policy would be updated. We noted that the agreed action plan following a safeguarding investigation in the previous year had been responded to.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with pressure sores, wandering, antisocial behaviour and self neglect. Personal emergency and evacuation plans were prepared for people to ensure their safety in an emergency.

We looked at the staff records and discussed staffing levels with the registered manager. On the day of inspection there was a total of fifteen people who used the service. The staffing levels during the day consisted of the registered manager and four care staff during the morning and three care staff in the afternoon and two care staff on waking duty during the night. Staff we spoke with told us that there was sufficient staff for them to attend to their duties. Relatives and people informed us that there were sufficient staff and they were satisfied with the care provided.

We examined a sample of four records of staff. We noted that staff had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that staff were suitable to care for people.

There were suitable arrangements for the recording, administration and disposal of medicines. We however, noted that the drug trolley was not chained to the wall. The registered manager explained that this was because of redecoration works in the home. She promptly arranged for it to be chained to the wall soon after the inspection. The temperature of the room where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were disposed of via the pharmacist. The home had a system for auditing medicines. This was carried out by the registered

manager and deputy manager or senior staff. There was a policy and procedure for the administration of medicines. There were no gaps in the medicines administration charts examined. People we spoke with told us they had been given their medicines. Controlled drugs (CD) were signed by two staff and the amount in the controlled drugs cupboard coincided with that in the CD register.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. There was a fire risk assessment and the fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out. However, the time and names of staff present during the drills were not recorded. This is needed to provide information on staff involved and whether it was done after dark. The registered manager agreed that this information would be provided.

The premises were clean and no unpleasant odours were noted. Staff we spoke with had access to protective clothing including disposable gloves and aprons. The home had an infection control policy. We visited the laundry room and discussed the laundering of soiled linen with the registered manager and care staff. They were aware of the arrangements for soiled and infected linen and the need to transport these in colour coded bags and wash them in a sufficiently high temperature. Some areas of the home showed signs of wear and tear. The registered manager explained that work had started to redecorate the premises. We noted that workmen had already started this in the home. There were some unwanted equipment in at the end of the garden which was unsightly. The registered manager informed us soon after the inspection that arrangements had been made for them to be removed.

Is the service effective?

Our findings

People and their representatives informed us that staff were competent and able to care effectively for people. A person who used the service said, "I am OK really. The staff are very, very good." A relative said, "Everything is good. The food is good. My relative is eating well." A second relative said, "It's pretty good here. My relative can see the doctor if needed. The food looks good. There are two choices for lunch."

People's healthcare needs were closely monitored by staff. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of mental health problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, community nurse and GP.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people and how to promote healthy eating. There was information in the kitchen to inform staff of people on diabetic diets. Monthly weights of people were recorded. Staff were aware of action to take if there were significant variations in people's weight. People informed us that they had a choice of main dish at meal times and they were satisfied with the arrangements for meals. We observed people eating their lunch. The meals were presented attractively and appeared balanced. Fresh fruits and vegetables were available for people. The dining area looked attractive with flowers on the tables.

Staff were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included food hygiene, moving and handling, health and safety, dementia and the administration of medicines. Staff confirmed that they had received the appropriate training for their role.

New staff had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. The registered manager informed us that four staff were due to attend training for the Care Certificate. Staff said they worked well as a team and received the support they needed. The registered manager carried out supervision and annual appraisals of staff. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records. They informed us that communication was good and the manager was approachable.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager informed us that people living in the home had relatives or representatives who advocated for them. They were aware of the need for best interest decisions to be made and recorded when necessary. Care staff were knowledgeable about the importance of obtaining people's consent regarding

their care, support and treatment. They stated that they asked people for their consent or agreement prior to providing care or entering their bedrooms.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. There were DOLS authorisations for most people at the service. Applications had been made for others assessed by the registered manager as needing authorisation. Staff had received the relevant MCA and DoLS training and we confirmed this from records.

Is the service caring?

Our findings

People who used the service and their relatives told us that they found staff to be helpful and caring. One person said, "I am happy. The staff are nice to me. They listen to me. They do knock on the door before coming in." A second person said, "Yes, I like it here. They are good to me." A relative said, "The staff treats my relative with respect and dignity. If my relative refuses or does not eat, staff will try to help."

We saw that people were able to approach staff and talk with them. There were respectful and pleasant interactions between staff and people who used the service and their relatives. Staff spoke in a gentle way with people and asked them how they were and what they wanted done.

Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. We saw staff knocked on people's bedroom doors and waited for the person to respond before entering.

We saw detailed information in people's care plans about their life history and their interests. Staff could provide us with information regarding people's background, interests and needs. Some staff told us that they had worked in the home for several years and were aware of the needs of people.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Staff we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. There were arrangements in place to meet these needs. A priest had visited the home weekly to attend to the needs of the followers of his religion.

People's preferences regarding food were also attended to. We saw staff offering choices of meals to people at lunchtime. Staff informed us that a person liked a glass of milk every night as part of their night time routine. This was responded to. We saw that the menu reflected the diversity of culture of people in the home. The registered manager stated that special religious and cultural days were celebrated. The home celebrated St. Patrick's Day by cooking Irish food such as corned beef, cabbage, and red lemonade. Other celebrations included Easter and Chinese New Year.

The bedrooms we saw were clean, well-furnished and had been personalised with people's own ornaments and belongings according to their preference. The registered manager informed us that two people had their bedrooms redecorated in the manner and colour scheme they wanted. There was a spacious garden on the ground floor and people had direct access to it. A relative told us that people could stroll around it. There was ramp in the garden for people with mobility problems and to facilitate easy access for those using wheel chairs.

The registered manager stated that staff held one to one sessions with people so that they can express their views regarding the care provided. In addition meetings had been held where people and their relatives could express their views regarding the care and services provided. We however, noted that these were only held six monthly. We discussed the need for more meetings so that people could have more opportunity to express their views. The registered manager agreed that this would be done.

Is the service responsive?

Our findings

People and their relatives informed us that staff listened to them and they were responsive to their needs and views. They stated that people received care which they needed. One person said, "If things are not right, they respond. They are fantastic." A relative said, "I will go to the manager if I have complaints. I have not made any. I have no complaints whatsoever." A second relative stated that they had attended meetings for relatives. A social care professional informed us that the home took complaints seriously and was keen to ensure that concerns were responded to promptly.

The care provided was individualised and person-centred. People and their representatives were involved in planning care and support. Assessments had been carried out prior to people moving to the home. These assessments included information about a range of needs including nutrition, mobility, medical, religious and healthcare needs. Care plans were appropriate and up to date. Staff had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person.

We discussed the care of people with diabetes with staff. They were aware of the special needs of people and this included ensuring that people had sugar free food and received their medication as prescribed. We noted that the community nurse was also involved in caring for people with diabetes and their sugar levels were monitored by them. The care records of one person did not contain a diabetes risk assessment. This was discussed with the registered manager who stated that the risk assessment would be provided. She also stated that there was comprehensive information including risks in a different folder which staff had access to. Evidence of this was provided.

Reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress. This was confirmed by relatives we spoke with. We saw evidence of these reviews.

We spoke with the activities organiser. She informed us that there was a programme of activities which included outings to the garden centre, walks, art and crafts, music and exercise sessions. People and their relatives confirmed that the home had organised activities for people. We saw people involved in activities during the inspection. A news discussion was organised in the morning and a bingo session in the afternoon. The home had a complaints procedure and this was included in the handbook. Relatives informed us that they knew how to complain although they had not needed to. Staff knew they needed to report all complaints to the registered manager so that they can be documented and followed up. We examined the complaints records. We noted that complaints made had been promptly responded to.

Is the service well-led?

Our findings

People and their relatives were satisfied with the management of the home and the quality of care provided. One relative said, "Yes, I have completed a survey. My relative is happy. The staff are competent. A social care professional stated that the management of the home worked well with them and the manager had attended meetings when needed. A second professional stated that the home had a good management system and people were well cared for.

Staff expressed confidence in the management of the home. One staff stated that there was a good team and the manager was approachable. Another staff informed us that team building was being planned. A third staff said, "I like it here. Things are getting better."

There was a system for ensuring effective communication among staff. The home had a communication book which was used for passing on important information such as appointments and duties for staff. Staff informed us that there were daily handover meetings and meetings where they regularly discussed the care of people and the management of the home.

There was a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, administration of medicines and health and safety. Staff were aware of these policies.

Audits and checks of the service had been carried out by the registered manager and area manager. These were carried out monthly and included checks on care documentation, cleanliness, medicines, and maintenance of the home. Evidence of these were provided. We however, noted the audits and checks did not identify some minor areas such as the names of staff not recorded for fire drills and the safeguarding policy not updated. The registered manager took prompt action and rectified the deficiencies.

The registered manager stated that more comprehensive checks and audits would be done. We were also promptly provided with their action plan which detailed action already taken to rectify deficiencies and timescales for other to be completed.

The home had carried out a satisfaction survey a month ago. The results seen by us were positive. The home had an action plan for addressing deficiencies and suggestions made. These included having staff team building sessions and ensuring that the complaints procedure could be seen by visitors. Staff were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible.

The home had some areas where improvements were needed. We noted that the registered manager promptly responded to these and took corrective action to ensure that the home was well managed. Information requested was provided and clarification provided usually on the same day. This ensured that people received a good quality of care.