

HC-One No.1 Limited

# The Harefield Care Home

## Inspection report

Hill End Road  
Harefield  
Uxbridge  
Middlesex  
UB9 6UX

Tel: 01895825750

Date of inspection visit:  
21 March 2023

Date of publication:  
12 April 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# 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 the experience of dementia. The accommodation is provided in 2 ground floor units in a purpose-built building. There were 39 people using the service at the time of our inspection. The service is part of HC-One No.1 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

People received their medicines safely and as prescribed, but we found several minor shortfalls in relation to the management of medicines. The provider took immediate action to make the necessary improvements.

Where people required closed monitoring or repositioning to avoid skin damage, there were monitoring charts in place for staff to complete. We saw the recording of these was mostly accurate and regular. However, for one person, there were gaps in recording. The provider took appropriate action with the relevant staff to make improvements.

Although the provider's monitoring checks had not identified the minor issues we found on the day of our inspection, we saw evidence of a continued and marked improvement since our last inspection. The registered manager was in the process of auditing all records to help identify and address any further shortfalls.

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.

Risks to people's safety and wellbeing had been appropriately identified, managed, and mitigated. The provider had processes for recording and investigating incidents and accidents. We saw that these included actions taken and lessons learned.

There were enough staff on duty to meet the needs of people who used the service. There were procedures to help make sure staff were suitable and had the skills and knowledge required. These included recruitment checks, regular training, and supervision.

There were systems in place for the prevention of infection and cross contamination.

Care and support plans were comprehensive and contained the necessary information about the person and how they wanted their care provided. 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.

People and relatives were happy with the care they received and spoke highly of the registered manager and staff whom they said were kind and caring. People were supported to take part in activities they liked.

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 24 September 2022) and there were 2 breaches of regulation. The provider completed an action plan after the 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. However, further improvements were needed. We made a recommendation in relation to the management of medicines.

#### Why we inspected

We carried out this inspection to check if the provider had made the necessary improvements since the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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).

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 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 was carried out by 2 inspectors, 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Harefield Care Home is a care home with nursing care. 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

This inspection was unannounced.

#### What we did before the 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 (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. We used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people who used the service and 4 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 12 members of staff including the area director, registered manager, nurses, care workers, the housekeeper, the chef and the laundry person. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included 10 people's care records and 11 medicines 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. Following the inspection, we reviewed a range of records we requested from the provider.

# 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 remained 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.

### Using medicines safely

- Although people received their medicines safely and as prescribed, we identified some shortfalls in relation to medicines management.
- Some people living at the home were living with diabetes. The staff regularly monitored their blood glucose levels. However, they did not always quality check the blood glucose monitors as per the manufacturer's instructions. This meant the blood glucose reading may not have been accurate at all times. After the inspection, the provider took action and ensured they got the blood glucose monitors quality checked.
- Medicines care plans were not always up to date and person-centred. For example, for 3 people who were prescribed anticoagulants, there was no information in their care plan on how to monitor or manage the side effects. An anticoagulant is a substance used to prevent and treat blood clots.
- Although we saw evidence people received their anticoagulant as prescribed, a change of dosage for one person had not been updated in their care plan.
- One person was prescribed anticipatory medicines for palliative care. However, information about these was not yet noted in their care plan. We raised these issues with the registered manager so they could address them.

We recommend the provider undertakes a full review of people's medicines care plans to ensure these are up to date and person-centred.

- We saw evidence the provider took appropriate action following our feedback and addressed all the shortfalls we identified.
- We observed staff give medicines to people. The staff were polite, gained consent, and signed for each medicine after giving it on the electronic medicines administration record.
- Medicines including controlled drugs (CDs) and prescribed thickeners were stored securely and at appropriate temperatures.
- Some people at the home were prescribed medicines for pain and constipation to be given on a when-required basis. There were protocols in place to give these medicines consistently as prescribed.
- There was a process in place to receive and act on medicines alerts and to report and investigate medicines errors.
- There was a medicines management policy and procedure in place and the staff received training in these.

The provider assessed staff competencies in relation to medicines administration regularly.

### Assessing risk, safety monitoring and management

At our last inspection in August 2022, we found 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.

At this inspection, improvements had been made and the provider was no longer breaching this regulation.

- People who used the service were protected from the risk of avoidable harm.
- People had initial wound management assessment forms in place when staff identified any marks or bruising to areas of their bodies. These had body maps for staff to mark the exact place of the wound and date this was identified. From these, wound care plans were put in place. These contained details of the wound, expected outcome, professionals involved, frequency of dressing changes, any pain relief prescribed, nutritional requirements to aid healing and the person's preference in relation to wound care. These were regularly reviewed and updated to reflect changes.
- Where people were being cared for in bed and were at risk of developing pressure ulcers, the staff supported them with regular repositioning and recorded this on repositioning charts. We saw for one person, there were 2 recent instances where positioning was not recorded as completed at the identified 2 hourly intervals. We discussed this with the registered manager who assured us they would discuss this with the relevant staff member. Records confirmed the person was receiving appropriate care. The staff received training in promoting people's skin integrity and knew how to recognise signs of skin deterioration.
- Risks to people's safety and wellbeing had been assessed, managed and mitigated. Risk assessments were detailed and were reviewed and updated when people's needs changed. Risk assessments considered all areas of the person's care. For example, the use of bedrails, eating and drinking, choking, moving and handling, falls and skin integrity.
- The provider used a Malnutrition Universal Screening Tool (MUST) where people were identified at risk of malnutrition. This helped them measure and monitor this risk and take appropriate action in the event of a concern. People were supported with weighing regularly so the staff could identify any loss or gain and take action without delay.
- Where people were at risk of choking, we saw the provider liaised regularly with the Speech and Language Team. We saw evidence the staff followed their guidelines appropriately to help ensure the risk of choking was reduced. For example, staff offered people pureed food or added thickener to drinks.
- Dependency assessments were in place. These looked at each person's individual needs in all aspects of their care, to determine the level of care they needed to meet their needs. This was regularly reviewed to help ensure there were always enough staff on duty to meet people's needs.
- All safety checks were undertaken regularly including fire checks and were up to date.
- Fire alarm tests and fire drills were undertaken regularly to help ensure the staff would know what to do in the event of a fire. People had personal emergency evacuation plans in place, and these were up to date. They contained relevant information about the person, their needs and how staff should support them to safely evacuate in the event of a fire or emergency situation.

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

- 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. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. They told us they felt safe living at the service.
- There was a safeguarding policy and procedures in place and staff were aware of these. The provider worked with the local authority to report and investigate any safeguarding concerns.
- Staff we spoke with confirmed they had received safeguarding adults training. They were able to describe signs of abuse and understood their duty of care to report concerns. Staff confirmed they were expected to report any bruising, redness or pressure ulcer, complete a body map and write a report.

Staffing and recruitment

- There were enough staff on duty at any one time to meet the needs of people who used the service. Throughout our visit, we observed there were staff available to meet people's needs.
- The registered manager told us they no longer required the need for agency staff as they had a full complement of permanent staff.
- The provider organised and paid for a taxi service for all staff unable to drive to help ensure they could get to and from work safely. There was a good staff retention and staff told us they enjoyed working at the home.
- The provider carried out checks on the suitability of staff before they started working at the service. These included checks on their identity, eligibility to work in the United Kingdom, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff completed inductions, where they shadowed experienced staff and their skills and abilities were assessed by senior staff. These systems helped assure the provider staff were suitable and could carry out their roles.

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 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 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. The provider analysed all incidents, accidents and safeguarding concerns that occurred at the service to find out what went wrong and how to prevent these from happening again in the future.
- Following a safeguarding concern in relation to a person developing a pressure ulcer, the provider had organised training for staff about the application of prescribed creams in a safe and appropriate manner. One staff also described informative training to identify signs of poor skin viability on darker skins where, for example, inflammation might not be so visible.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- People's needs were recorded and met. People and relatives we spoke with said they were happy with the service and the care received. One person told us, "The staff are very good, I have a good relationship with them, the manager makes a happy team." One relative echoed this and said, "The staff are helpful and consistent, they try to adapt care to the needs of [family member] and "The manager came on a home assessment with a nurse, there were very positive and helpful."
- Care plans were detailed and developed from initial assessments of people's needs. They contained people's life history which included details about their childhood, family members, hobbies and interests. Care plans were regularly reviewed and updated according to people's changing needs.
- Care plans listed people's individual needs, caring objectives and support they required to meet their needs in all aspects of their lives. They detailed people's preferences and wishes in a range of areas such as personal care, social life and activities, safe environment, oral health, mobility and end of life care.
- There were additional care plans for people who had specific or complex needs, for example people who lived with conditions such as epilepsy or diabetes. These were detailed and included details of known triggers and warning signs a seizure is likely to occur. There were clear guidelines for staff to follow in the event the person became unwell including what to do and what to avoid. There were also fact sheets for staff to understand specific health conditions so they would feel more confident caring for people living with these.
- There were 'stress and distress' care and support plans in place and these were detailed. They clearly described any triggers that may upset the person and result in them becoming distressed and how to identify these early to avoid the person being exposed to situations that may escalate.
- People's needs in terms of their sexuality needs were recorded and met. The staff respected people's choice in terms of their gender identity, and we saw evidence of this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care and support plans in place. These looked at people's preferences and views, how they let others know their choices and preferences, if they were able to speak, any language

barriers, and if non-verbal, how they expressed their needs. The plans also specified any people who had vision or hearing impairments and if they had any equipment to support them with this.

- Some people's communication needs were impaired due to their condition, such as dementia. We saw the staff used a range of methods to communicate with them, for example using photographs, gestures and body language. There were some effective communication aids available. For example, one person's room had a booklet prominently displayed to be used by staff. This contained a wide range of relevant pictures to enable the person to point and respond to staff questions. We observed staff communicated well with people. For example, they crouched down and made eye contact, spoke clearly and reframed questions to people when they could not understand.

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 with activities of their choice. There were 'wellbeing' care and support plans in place. These recorded the person's preferred activities, their life history, and previous hobbies the person enjoyed.
- These plans helped staff understand the person and helped to build rapport and conversation. For example, one person had taken part in a variety of sports when they were young. They now enjoyed watching sporting programmes on TV and the staff involved them in activities using ball games.
- We saw a range of community events took place, such as a school coffee morning, Chinese New Year celebration, magic table at the library, a night at the panto and a visiting Elvis impersonator.
- People spoke highly of the wellbeing coordinator. One relative told us, "[Wellbeing coordinator] is very good and spends time with [family member] and even skypes me in the evening so I can speak with [them]." The wellbeing coordinator delivered sessions to support people's mobility which the staff thought improved the quality of people's lives.
- We noticed the wellbeing coordinator spent time with people being cared for in their rooms, so they did not feel isolated. They took time talking to people and giving them choice in choosing what they wanted to do. One person told us, "[Wellbeing coordinator] came in yesterday and did a quiz with me."

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and responded to appropriately and in a timely manner. People who used the service and their relatives knew how to make a complaint.
- There was a complaints policy and procedures in place, and this was available to people who used the service. We saw evidence complaints were appropriately investigated and any shortfalls addressed in a timely manner.

End of life care and support

- People had end of life care plans in place, and these were detailed. They included information about the person's medical history, triggers for staff to identify if the person's condition was deteriorating, the person's views, family dynamics, the person's preferred end of life place of care, any cultural or religious requirements and how the person's needs could be met to ensure they had a comfortable and pain-free death.

# 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 improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection in August 2022, we found the provider had failed to effectively operate systems and procedures to monitor risks and improve the quality of the service. 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 and the provider was no longer in breach of this regulation.

- The provider had made further improvement since our last inspection and had continued to improve the standards of care. Although we found some minor shortfalls in relation to medicines management and the recording of 1 repositioning chart, the provider took immediate action in response to this. We saw evidence they had made the necessary improvements and had learned from our findings.
- The registered manager had introduced a 'Falls team' consisting of a group of staff members. They met regularly to discuss any falls, review people's falls care plans and risk assessments, considering any changes which might have contributed to the person's falls such as a change in medicines, health, footwear or environment. An analysis of the times of falls was looked at, and suggestions to reduce the risk was discussed.
- In a recent meeting, the registered manager issued information for staff to recognise head injuries and what actions to take. They also advised staff to download an application, which contained advice and guidelines about falls and how to reduce these. There had been a reduction in falls in recent months.
- There was information available for staff to improve their practices for the benefit of people who used the service. For example, there were guidelines about how to improve people's strength and balance to help reduce falls. There was also guidance about how to prevent and identify urinary infections.

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

- The culture of the service had continued to improve since our last inspection. We observed the staff treated people with dignity and respect. They spoke about people in a kind manner and were interested in the person's life history and life experience.
- The provider's vision that people should feel special, loved, valued, safe and cared for underpinned the

characteristics they looked for in the staff they recruited. Based on these values, we saw evidence they asked the staff how they would meet and demonstrate these values for the benefit of people. They also asked them for suggestions on improvements that could be made. One staff member suggested, "Our goal is to work as a team, forget about personal grudges and egos" and another stated, "Understanding it is not just a job."

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 registered manager and senior team were honest and open when mistakes were made, or incidents happened. They told us they ensured they shared this information as necessary and apologised.

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

- Staff and management were clear about their role in the home. They had designated responsibilities and staff told us how management and staff worked well as a team.
- There was evidence of quality assurance and audits taking place. For example, in people's health records we saw gaps in recording had been picked up and circled as missing and on subsequent days the records were completed fully by staff.
- The registered manager undertook daily walk arounds looking at all areas of the service, such as people's care, infection control, wellbeing, people and family members' feedback. Areas of concerns were recorded and addressed without delay. The staff told us the deputy manager and registered manager were often on the units engaging with people and staff, monitoring care practices, and would support or advise where necessary.
- The registered manager undertook regular out of hours visits of the service to check that people were being cared for as expected. They also checked if call bells were being answered promptly, how staff interacted with people, and if their needs were met appropriately. They also checked the cleanliness of the home and if good infection control practices were carried out. Any concerns were noted and discussed with staff straight away.
- The senior staff undertook regular spot checks of the care workers to observe care practices and identify if improvements were needed. Observations included how the care workers interacted with people, if they gained consent before support, if they gave people choice and had a friendly and caring manner. They also checked if people were being supported appropriately using the correct equipment and in line with the person's care plan.

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

- Staff told us they felt well supported by the registered manager and senior staff, stating they were approachable and would address any concern they raised.
- One senior staff member told us there used to be a culture of blame in the past and described the positive changes since the current registered manager had been appointed. They felt they could raise any concerns, and these would be acted on.
- A new staff member spoke of a supportive induction. There were regular meetings for staff which included a daily flash meeting for management, nurses and senior staff to share information and updates.

Working in partnership with others

- The registered manager worked well with other managers and professionals involved in the service. 2

healthcare professionals were visiting on the day of the inspection. They told us they were happy with the service and thought the staff and management were good and met the needs of people.

- The management team worked with external agencies, such as the local authority, healthcare professionals and other providers. They attended forums and meetings with other care providers where they could share information and discuss any concerns they may have.

- People and relatives were consulted via yearly quality surveys and regular meetings. This gave them the opportunity to discuss any concerns they may have and share important information. We saw evidence they were happy with the service.