**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

**St Joseph's Care Home**

38-40 Hindes Road, Harrow, HA1 1SL  
Tel: 02088632868

Date of Inspection: 08 September 2014  
Date of Publication: November 2014

We inspected the following standards as part of a routine inspection. This is what we found:

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<th>Standard</th>
<th>Met this standard</th>
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</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓ Met this standard</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Hazelwood Care Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs Shoba Orobator</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>St Joseph's Care Home is owned and run by Hazelwood Care Limited. It provides accommodation and care for up to 19 older people who may also have dementia.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 September 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, is the service effective, is the service caring, is the service responsive, is the service well led? During the inspection we spoke with two people using the service, three relatives, two care workers, and the registered manager.

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see evidence that supports our summary please read the full report.

Is the service safe?

The relatives of the people using the service told us that they were confident that people were safe. Staff were clear about their roles and responsibilities and felt well supported by management staff.

Staff understood their role in safeguarding the people whom they supported and reporting any concerns they had to the manager. We saw there was appropriate and concise advice available for staff to refer to if they had safeguarding concerns. The home had systems in place to identify, assess and manage risks relating to the health, welfare and safety of people who used the service.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. The registered manager knew when an application for deprivation of liberty would need to be submitted for authorisation.

Equipment used by the staff to care for people was appropriate, although in one case we found that whilst an item of equipment had been serviced there was no sticker displayed on it to inform staff that this had occurred and the equipment was safe to use.
Is the service effective?
Relatives of people using the service told us they were happy with the way their loved ones were treated and staff were "a good team".

Risk assessments had been carried out where necessary and these were used in the planning of effective care.

We saw minutes from staff meetings and saw staff communicated between each other. They were guided by an effective system of documentation, which ensured there was continuity in the care that was delivered. Care plans had been regularly reviewed with involvement from people and those who were important to them.

Is the service caring?
We saw people were given the opportunity to participate in activities and staff supported people to take part in religious and cultural festivals. We observed the care people were receiving and how staff interacted with them. We saw people using the service were spoken to respectfully and staff used a caring approach. Relatives of those using the service commented on the caring nature of staff towards their relative.

Is the service responsive?
The home had a system in place for learning from incidents and complaints. We saw where care had been below the standard expected the registered manager had taken steps to ensure systems were changed to ensure this was not repeated.

We saw that the staff integrated the advice given by various health professionals into the care that was provided to people. Written notes about people's health and care were completed by staff. People received individualised care, which was responsive to their interests and preferences. A variety of activities were available for people to participate in as they chose. Activities were geared specifically to those who were affected by dementia. People's care and health was monitored closely and junior staff escalated quickly to their senior colleagues if they were concerned.

Is the service well-led?
The home was led by an experienced manager who understood their role and took steps to ensure care was of a standard people would expect. The home was supported by a senior team who undertook monitoring and checks of the quality of the service. Improvements were made when needed. Staff meetings took place regularly so staff views about the service were taken into account.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Care and welfare of people who use services</th>
<th>Met this standard</th>
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</thead>
<tbody>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
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</tbody>
</table>

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We examined five care plans during the course of our inspection.

We found these plans were clear, well-structured and set out in a uniform way making it easy for staff to access various sections quickly. Each set of assessment documentation had a 'user document' with crucial medical history and medication.

In some cases we saw documentation, which covered a person's wish not to be resuscitated should their heart stop. We found that these were clearly set out and detailed. We saw the document was signed by relevant health professionals and, if appropriate the person's relatives. In each case we saw an assessment of each person's capacity to take this decision had been carried out. In some cases people did not have the capacity to decide, a best interests decision had been taken jointly by relatives and staff involved in the person's care. We found this assessment of capacity was in line with Mental Capacity Act (2005).

Staff told us they referred to care plans and would amend them if people's needs changed. The care plans included a section entitled 'My life so far' which outlined what people had done in their earlier years and those things they enjoyed. In this way the provider ensured that care was individualised.

Staff wrote about people's daily activities in a day book. These were well set out and contained information on each person and what had happened to them during the day. We saw people were provided with care that meant they could continue to enjoy times with their relatives. We saw staff support a person using the service to have afternoon tea sat in the garden with their partner. We spoke to the relative who told us they really appreciated the lengths staff had gone to facilitate this.
Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The provider had various risk assessments in place that covered areas such as falls, nutrition and mobility. Some risk assessments used a scoring system to guide staff in the care of people. One example of this was the moving and handling risk assessment score which guided staff to organise extra support or equipment if required by the score. Risk assessments were set out in an easy to read way and divided into sections. These included likelihood of occurrence, actions being taken currently and actions that may be required in the future. In this way the provider ensured people using the service were managed in a way that reduced the risk to them.

We found staff supported people who used the service to take part in a range of activities in the home. We saw there was a timetable for activities and those planned for the day of our visit took place as indicated. Some of the activities were specifically designed for those people who suffered from dementia. We saw staff use dolly therapy with some people and with others they used reminiscing therapy. This demonstrated the home provided activities that were appropriate for people using the service. A person using the service told us how much they enjoyed the bingo they played and said, "They (the staff) keep me active."

People were supported to follow their religion of choice. For example we saw documentation that showed those people who followed the Catholic faith were given Holy Communion within the home if they were unable to attend church.

Some people fulfilled the criteria for Deprivation of Liberty Safeguards. We saw documentation, which demonstrated the manager had considered these cases and had applied for these safeguards, which were being considered by the relevant authority. The manager was aware people would only be deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

We saw staff interact with people in a caring and supportive way. We saw staff support people to move around the home. We saw interactions with one person who suffered from a hearing loss. Staff took care to speak close to them rather than shout.

There were arrangements in place to deal with foreseeable emergencies. We saw evidence that all staff had been trained in first aid and there was a first aid kit available. The home had an evacuation slide to help people from the upstairs areas in the case of emergency. The manager told us of a recent situation where a person had become acutely unwell and they had summoned emergency help quickly and appropriately.

We also saw that medical information on each person was stored concisely for easy access. This ensured that information required by hospital staff in the event of an emergency was easily accessible and minimised any potential delay in treatment.
**Safeguarding people who use services from abuse**

Met this standard

| People should be protected from abuse and staff should respect their human rights |

**Our judgement**

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

**Reasons for our judgement**

Relatives of people who used the service told us they felt their loved ones were safe and secure. One person told us their relative "definitely feels more safe than they did previously (in a previous home)". Another relative told us, "I didn't want her to go into a home, but now I don't feel any guilt as I know she is being well looked after."

There were up to date policies and procedures to ensure people were safe and protected from abuse. The manager was clear about the procedure for notifying the local authority of allegations of abuse. Staff were supported with a flow diagram instructing them who to contact in the event of a safeguarding concern.

As we sat in the lounge of the home we could see there was a rapport between the staff and people. We saw people asked for help from staff when required and staff interacted with people in a warm and respectful manner, using effective non-verbal communication and peoples preferred names.

Staff we spoke with were clear about their responsibilities to report any suspicion of abuse to the manager. They were aware of the homes' procedure for reporting abuse and had received recent training to ensure they were aware of the issues and their responsibilities. Staff were able to identify areas such as financial and physical abuse as safeguarding concerns.

The provider also had procedures to protect people using the service from any behaviours that challenged by other people. We saw staff had considered this risk in the care planning process.

We spoke with the registered manager regarding financial safety for people who used the service. The home had a robust system in place for ensuring people were not at risk of financial abuse. There was a comprehensive audit system in place to check the management of money for people who did not have the capacity to manage their own finances.
We saw evidence staff at the home had attended training in the Mental Capacity Act 2005 (MCA). The legislation provides a framework to empower and protect people who may lack capacity to make some decisions for themselves. We saw evidence of this being considered by staff in the care planning process.
Management of medicines  

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

There was a robust system in place to ensure people using the service were provided with medicines in a safe way when they required them.

Appropriate arrangements were in place in relation to obtaining medicine. The registered manager told us the previous pharmacist who supplied medicines to the home had sometimes not been able to provide medicines as required. As a result of this the provider had changed the pharmacist to ensure people using the service received their prescribed medicines.

Appropriate arrangements were in place in relation to the recording of medicine. The provider had a system to record whether people using the service had taken their medicines. Staff were very clear about asking for help from senior staff should people refuse to take medicine. One person who used the service told us, "I'm not here when the medicines are given, but I'd know if mum wasn't having hers."

We examined the Medicines Administration Records (MAR) for five people and found instructions on administration were clear and legible and there were no gaps in the records. This showed staff administered medicines safely. We saw that every MAR had a picture of the person it related to attached to it. This reduced the chances of the wrong person being given the medication. An independent pharmacist carried out regular audits of the records to ensure that medicines were administered as prescribed.

There was clear guidance on administering medicines that were prescribed to be given when required and the records showed staff followed this guidance.

Medicines were provided in monitored dosage blister packs that were colour coded to indicate the time of the day they should be administered. This ensured staff gave the correct medicine at the time it was due. Medicines were prescribed and amended by a GP on a weekly basis or as required. This ensured people regularly had their medicines checked and treatment amended as required.
Medicines were handled appropriately. We saw medicines were stored according to manufacturers’ guidance and kept at the correct temperature. Medicines were kept safely in a locked cupboard.

The provider had a comprehensive written policy covering the management of medicines. We found this was detailed and included advice such as record keeping, people’s consent to medicines and administering and recording over the counter medicines that were not prescribed. The policy also contained practical advice for staff in the event of a drug error or adverse reaction.

Those administering medicines had been provided with training and staff told us they felt confident to administer medicines safely.
Safety, availability and suitability of equipment  Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We spoke with the registered manager about their process for ensuring people were cared for using the correct equipment. They explained that the process for assessing people for new equipment was done in conjunction with their GP and the local short term assessment re-enablement and rehabilitation service (STARRS). We spoke to a member of staff at the STARRS team who told us they had no concerns regarding the providers process of referral, and the home asked for equipment for those using the service appropriately.

On the day of our inspection some of those using the service required lifting using a hoist device. We saw that this was functioning appropriately and disposable slings were available for use and not shared between people, reducing the risk of infection. We saw the hoist had been serviced within the last year. The provider may wish to note that there was no sticker on the hoist itself informing staff that this had happened and it was safe to use.

We saw documentation that showed that the vast majority of staff had been trained to use the hoist and that there was always at least one person with training available to use the hoist. The manager showed us a plan that would ensure all staff would receive appropriate training within the next couple of months.

We examined the homes policy for ensuring that all equipment was tested in line with manufacturers' guidance. We saw documentation that equipment had undergone portable appliance testing (PAT). We examined three portable appliances chosen at random on the day of our inspection and found documentation demonstrating this testing had taken place. This ensured those using the service were protected from failure in equipment by a system of checks and maintenance.

Staff told us they were confident about using the equipment and they did not feel there was any equipment they lacked in order to provide safe care to the people they looked after.

Relatives of those using the service said they were happy with the standard of equipment provided one told us their relative 'has everything they need'.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had systems in place to ensure the quality of care provided to people who used the service received care that met their needs. Quality audits were in place for key areas of service, such as care plans and nutrition. We saw in a couple of areas of improvement had been noted by the audits. For example an audit of the premises found one item of furniture had an unpleasant odour and action had been taken to steam clean it quickly. This demonstrated that the provider's audits highlighted areas for the improvement of care to people and that action was taken to address them.

We saw the results of the latest quality audit by the provider. This took the form of a survey for relatives of those using the service. The survey covered aspects of care, people's involvement in care planning, menu choices, and how approachable they felt senior staff were. The results of this survey were very positive with many responses highlighting the caring nature of staff members. The provider may wish to note that some responses indicated that not every relative had received written information on how to make a complaint.

We saw results from management audits were fed back to staff during staff meetings. The manager ensured staff who were unable to attend the staff meeting were given copies of the notes and signed a register to confirm this. In this way the manager communicated effectively with all staff.

Staff who we spoke with were clear on their role in reporting any incidents and told us these were discussed in regular staff meetings. One example of this that we saw was ensuring fire doors were shut at all times. We saw staff who were unable to attend had to sign the back of the meeting minutes this ensured that key messages from the meeting were given to all staff and the manager assured themselves that all staff were made aware of any changes to practice or policy.

Relatives confirmed their views were sought informally by the registered manager and suggestions were acted on. One relative confirmed if they were concerned they would approach the manager. They told us, "I know whose door to knock on".
The manager told us there had not been any formal complaints in the last year; we saw there was a process in place for investigating complaints and that the provider had a complaint policy in place.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
</tr>
</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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<thead>
<tr>
<th>Standard Description</th>
<th>Regulation</th>
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<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>Regulation 17</td>
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<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>Regulation 18</td>
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<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>Regulation 9</td>
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<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>Regulation 14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>Regulation 24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>Regulation 11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>Regulation 12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>Regulation 13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>Regulation 15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>Regulation 16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>Regulation 21</td>
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<td>Staffing - Outcome 13</td>
<td>Regulation 22</td>
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<tr>
<td>Records - Outcome 21</td>
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Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.