

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

The Harefield Nursing Centre

Hill End Road, Harefield, UB9 6UX

Tel: 01895825750

Date of Inspection: 01 July 2014

Date of Publication: July 2014

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

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Bupa Care Homes (ANS) Limited
Overview of the service	The Harefield Nursing Centre provides accommodation, personal and nursing care for up to 40 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Consent to care and treatment	7
Care and welfare of people who use services	9
Supporting workers	11
Assessing and monitoring the quality of service provision	12
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	19

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 1 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with fourteen people who lived at the home, six visitors and eleven members of staff including the deputy manager.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found-

Is the service safe?

The service was safe. People were cared for in a safe environment, which was subject to regular checks and audits. There were enough staff on duty to make sure people's needs were met. People's needs had been assessed to make sure they were not at risk and the equipment people needed had been provided to make sure they were safe and comfortable. There were systems in place to ensure any money people had was looked after safely.

Is the service effective?

The service was effective. People's needs had been assessed and their care had been planned to meet these needs. The staff demonstrated a good understanding of people's individual needs and the support they required. The staff were provided with training and

support so they could care for people appropriately.

Is the service caring?

The service was caring. The staff were kind and considerate of people's choices, preferences and individual needs. With the exception of a small number of incidents, the staff treated people with respect.

Is the service responsive?

The service was responsive. At our visit we observed that some people had not consented to their care and treatment and their capacity to make a decision had not been assessed in accordance with the Mental Capacity Act 2005. Since our visit the provider has taken appropriate action to address this and supplied us with evidence of this.

The service had responded appropriately when people's needs had changed or they had become unwell.

Is the service well-led?

The service was well led. The manager was not registered with the Care Quality Commission at the time of the inspection, however she had made an application to be registered. The staff were supported and well trained so they could meet the needs of people living at the home. The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People's diversity, values and human rights were respected. We observed most of the staff treating people with respect and kindness. They showed genuine affection towards the people who they were caring for. The staff explained what they were doing and asked about people's wellbeing. They offered people choices about where they wanted to sit, what they wanted to eat and what they wanted to do. The staff respected people's choices, for example one person told the staff they did not want the meal they had been offered, a staff member provided a different choice of meal. The people living at the home and their visitors told us they were able to make informed choices. They said they were able to rise and retire when they wanted, choose from a wide selection of food and have their personal care delivered in a way they wanted.

However, the provider may wish to note we saw one member of staff moving people who were seated in wheelchairs without telling them what they were doing or asking their permission. All the staff we spoke with referred to "feeding" people rather than supporting people with their meals. We also saw that the staff did not always engage in a conversation or answer people's questions fully when people spoke to them. Therefore people may have felt the staff were focussed on the tasks they were performing and did not always value them.

Where people were unable to make their choices known, we saw their preferences had been recorded in their care records. Their families had been consulted about their known wishes and this consultation had been recorded. The staff we spoke with were aware of people's individual preferences and we saw that they respected these.

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were not always asked for their consent and the provider did not always act in accordance with their wishes. However, since our visit to the service the provider has taken action to make sure people were asked for their consent.

Reasons for our judgement

At our visit we found that before people received any care or treatment they were not always asked for their consent and the provider did not always act in accordance with their wishes. However, since the visit the provider has taken appropriate action to make sure people are asked for their consent.

Most of the time, we observed the staff giving people information, explaining what they were about to do and getting people's consent before they provided care and treatment. For example, we saw some people were supported to move using a hoist. The staff told the person what they were doing throughout the process and the person consented by allowing staff to attend to them. We also saw the staff asking for people's consent before they adjusted their clothing and supported them to eat a meal. However, this was not always the case and we saw some staff providing care or treatment without explaining what they were doing or asking the person for their consent. For example, one member of staff undertook a screening procedure and administered someone's medicines without speaking to them. The person was not asked for their consent and was unable to give their consent because the staff started this procedure before the person was aware of what they were doing.

Some of the people at the home had expressed a wish to leave the home. We observed one person telling a number of staff they wished to leave, saying that they did not want to spend another night at the home and explaining why they felt this way. The person became increasingly distressed when they were prevented from leaving by the staff. When we asked the manager if an application had been made to the local authority deprivation of liberty safeguards (DoLs) team regarding this practice they told us they had not. There was no evidence that the person's capacity to make this decision had been assessed and whether the restrictions applied by staff had been made in the person's best interests. This meant that this person might have been deprived of their liberty to leave the home without any safeguards in place.

The deputy manager explained to us that another person had told them they wanted to go

home (meaning their own home and not the care home). The person was unable to leave or to arrange this without support. A mental capacity assessment or a referral for a DoLS assessment had not been carried out and there was no evidence that the decision to keep the person at the home had been made in their best interests. The deputy manager confirmed this.

The staff had been trained to understand their responsibilities under the Mental Capacity Act 2005. However some staff told us they were not aware of changes in legislation and guidance. Therefore, people may have been at risk of their rights not being respected and upheld because the service could not demonstrate that staff understood the Mental Capacity Act and that where people lacked capacity, decisions were made in their best interests.

Following the inspection visit the manager sent us an action plan which outlined changes she had introduced at the service. These included taking the appropriate action to assess people's capacity with regards to their wish to leave the service. The staff had also been given additional information and guidance to support their understanding of their responsibilities under the Mental Capacity Act 2005. Appropriate action had been taken to make sure the staff always asked for people's informed consent to care and treatment. The provider told us they were monitoring this.

People should get safe and appropriate care that meets their needs and supports their rights

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The staff who we spoke with had a very good knowledge about people's individual needs. They were able to tell us about how these needs had changed and what action they, or other healthcare professionals, had taken to meet these needs. People's needs had been assessed and they had their care planned to meet these needs. However, the provider may wish to note that, although the staff told us how they had met people's needs, where these needs had changed the care records had not always been updated to reflect this and in some cases the care and treatment they had received had not been recorded.

The people who we spoke with told us their needs were met. They said they were well cared for. The families and other visitors also told us this. One visitor said they came to the home at different times of the day and at weekends and they always felt people's needs were being met. They said the staff always consulted them about their relative's needs and they felt confident these were being met. We saw people looked well cared in clean and weather appropriate clothing. However, the provider may wish to note the day of our inspection was a warm one and people were not always offered or provided with access to drinks. We checked a sample of records which showed that people were normally offered regular drinks. However, on this occasion they may have been thirsty or uncomfortable.

People's healthcare needs had been met. There was evidence people saw their doctor and other healthcare professionals as needed. People told us they were able to access these services. The home employed nursing staff who monitored people's health and wellbeing. They were able to tell us about people's individual healthcare needs and how these were being met.

The home employed a member of staff to organise and provide social activities. People told us they liked these activities but some people said there was nothing to do when organised activities were not taking place. One person told us they would like more opportunities to use the garden, to go out of the home and to have more people to speak with. On the day of our inspection the activities coordinator was not at work and we saw

that for the majority of the day there was no organised social activities for some people. Some of the people who we spoke with told us they were not very happy about this. In other areas of the home we saw people were engaged in their own activity with visitors, staff and on their own.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The staff who we spoke with all told us they felt supported. They said they worked well as a team and supported one another. They also felt supported by managers, saying they could approach them with any ideas or concerns and they felt listened to. We saw the staff were invited to attend regular meetings as a group and as individuals to discuss their work. New staff worked alongside experienced senior members of staff until they were familiar with the home. The deputy manager told us that she and the senior staff assessed new staff competencies. Some areas of competency were reassessed annually, for example administering medicines.

Some staff members told us there was good communication amongst the staff. However, others told us that not all the staff were part of the handover of information when they started each shift and therefore they were not always aware if people's needs had changed since they were last at work. We discussed this with the deputy manager who agreed to look at how the staff communicated changes and information with each other each day.

All new staff attended a range of training courses before they started work. These included training in health and safety, safeguarding adults, how to move people safely, first aid and infection control. This training was updated regularly for all staff. The provider had a system to identify and provide refresher training when staff needed this.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider carried out regular audits of the service. These included checks by the organisation's quality department. The deputy manager told us an audit had taken place shortly before the inspection and they were waiting for feedback from these. The manager and staff at the home carried out a number of regular checks on the environment, records, medicines management and the care and treatment of people. For example, an infection control audit had been carried out shortly before the inspection. This identified areas where improvements were needed and we saw these improvements had been made. Therefore people could be confident the provider had a system to monitor and assess the quality of the service.

The deputy manager told us she audited care records each month and we saw evidence of this. She told us where problems had been identified action had been taken. However, the provider may wish to note that we found, that despite these audits, some records were not accurate or up to date.

People living at the home were consulted about the service. They, their visitors and staff were asked to complete satisfaction surveys. The last surveys were undertaken in October 2013 and feedback about all aspects of the service was positive. People living at the home and their relatives were invited to group meetings with the manager every three months. The records of these indicated that different aspects of the service were discussed.

We saw that environmental hazards and risks had been assessed. During our inspection the provider was undertaking a check of the environment with regards to fire safety. They told us about the action they had taken to remove any hazards and to make sure procedures to keep people safe in event of a fire were up to date and appropriate for the needs of the service. Each person's specific needs with regards to their safety had been assessed, for example how they could safely move around the home. We saw examples of these assessments and care had been planned to ensure people's safety.

There was a complaints procedure and people told us they were aware of this. People living at the home and their visitors told us they knew who to speak with if they were unhappy about anything. However, the provider may wish to note, one person told us that when they had raised informal concerns with staff at the weekend these were not address until the following week and they were unhappy about this.

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.

✓ Met this standard 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.

✗ Action needed 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.

✗ Enforcement action taken 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.

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:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
