

## Housing 21

# Housing 21 – Cedar Court

### Inspection report

9-13 Somertrees Avenue  
Grove Park  
London  
SE12 0LR

Tel: 03701924191  
Website: [www.housing21.co.uk](http://www.housing21.co.uk)

Date of inspection visit:  
02 September 2019  
12 September 2019  
23 September 2019

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Housing 21 – Cedar Court provides care and support to adults living in specialist 'extra care' housing. At the time of the inspection, 38 people aged 55 and over were living at the service and receiving personal care. The service can support up to 40 people. People live in flats across three floors of the service and the service is located in the London Borough of Lewisham.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

People said the numbers of staff on duty did not always meet their needs.

People were at risk of deteriorating health because their medicines were not managed safely to keep them well to manage their medical health conditions.

There were some serious concerns raised about the openness and transparency of management of the service that had a potential impact on the care and support people received.

Staff had an induction, training, supervision and appraisal. However, we found some newly recruited staff had not completed the provider's 12 week induction programme and had not completed essential training to support people.

People's risk assessments were not always updated when their needs changed, increasing the risk of inappropriate care.

People had access to a complaints policy which they could use to make a complaint if they were unhappy with the care provided. However, some people told us they preferred to speak to care workers about any concerns they had.

The provider's safeguarding processes was understood and followed by staff to ensure allegations of abuse were managed safely.

People and their relatives were involved in assessments and reviews of their care and support. People said staff were thoughtful, kind and provided care in a compassionate way.

People had meals that met their nutritional needs. Some chose to have their meals in their flats or in the day centre located on the ground floor of the service.

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.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 1 October 2018) and there were multiple breaches of regulations.

The service remains rated requires improvement. The provider had not completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had not been made and the provider was in continued breach of regulations related to safe care and treatment and staffing. We found new breaches of regulations in relation to person-centred care, good governance and fit and proper persons employed. We made four recommendations regarding the management of people's care records and exploring and celebrating diversity.

Why we inspected:

The inspection was prompted in part due to concerns received about medicines, staffing and management of the service. A decision was made for us to inspect and examine those risks.

Enforcement:

We have identified breaches in relation to medicines management, staffing levels, staff support, person centred care, management of the service and safe care and treatment.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Housing 21 – Cedar Court

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

This consisted of one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built accommodation. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection visit was unannounced. Inspection activity started on 2 September and ended on 19 September 2019. We visited the office location on 2 and 23 September 2019.

#### What we did

Before the inspection, we looked at information we held about the service including notifications sent to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven people using the service. We spoke with the deputy manager, five care workers, housing and care manager and senior manager.

We looked at seven care records and 10 medicine administration records (MAR). We looked at five staff records and other documents relating to the management of the service. We also completed general observations of the service.

After the inspection

We received feedback from two health and social care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

- People did not always have their medicines as prescribed. The provider's medicines policy gave staff guidance on the safe management of medicines to ensure people had them as required. However, we found seven people's Medicines Administration Record Charts (MARs) had gaps in them. These gaps were either unexplained or had stated the medicine was not in stock so they could not administer them.
- The medicine audits were not robust because they did not identify the issue we found. Medicine audits did not always identify the errors in the MARs we found. For example, we saw one person was taking Warfarin tablets. The dosage of their medicine was changed in accordance with their blood test results. However, we found that staff had changed the directions on their MAR chart without including the details of the member of staff who had made the change. The blood test results recommendations were also not attached to this MAR. This meant the accuracy of the hand-written records could not be confirmed.
- The provider assessed the competency of all staff to ensure they were safe to support people with their medicines. We found that three newly employed members of staff had not fully completed their medicines training or medicine competency assessments since their employment began in November 2018, March and April 2019 or within 12 weeks of their induction and employment. One member of staff had failed their or medicine competency assessment four times. However, there was no plan on how to support this member of staff effectively to improve.

We found no evidence that people had been harmed, the lack of records and examples of poor practise created a risk to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care act 2008, Regulated Activities Regulations 2014.

### Staffing and recruitment

- There were not always sufficient staff to support people in a safe way. People said there were times when there was not enough staff available to help them when needed. Comments included, "I know staff are busy so I will wait until they come, someone will come" and "There should be more staff."
- The level of staffing affected the quality of care and support people received to meet their needs. A person told us that they had become unintentionally incontinent because two members of staff were not available to support them to go to the toilet when they needed this level of support. Increasing the risk to the person's health and well-being because they did not get the appropriate support to meet their needs.
- We reviewed the staff rota for the previous six months to look at staff deployment. We found a consistent level of staff sickness and absence and therefore some staff worked consecutive waking night and day shift to support people. A health care professional said, "The service must ensure there are sufficient staff to meet people's needs." We raised concerns with the staff on duty about the excessive hours staff worked which

increased their tiredness and risk of incidents for people. The senior manager and housing and care manager were not available to discuss these concerns.

- The recruitment process was not robust because it did not always recruit suitably skilled and knowledgeable staff. Some staff had limited experience of health and social care and supporting people with assessed care needs and the provider had not consistently assessed the staff to ensure they had sufficient skills to work with people.
- Pre-employment checks were not routinely collected before staff began to work at the service. We found inconsistencies in three staff records one application form was missing and one referee was not listed as an employer on their employment history. The senior manager said the central HR team managed references and therefore was unable to provide an explanation for this. On one occasion a new member of staff had responded 'as above' without giving a fuller explanation on their interview questionnaire. This interview response was agreed to and signed off by the housing and care manager which showed a lack of attention to following the provider's recruitment processes.

We found no evidence that people had been harmed however, the provider had not deployed staff and there were not enough staff deployed in a way that ensured people received safe and appropriate care to meet their needs. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

#### Assessing risk, safety monitoring and management

- People needs were assessed to identify areas of risk and support guidelines were available for staff to mitigate risks. Staff assessed risks that were associated with people's health and wellbeing. The risks identified included mobility and transfers needs, eating and drinking and mental health needs.
- Risks to people health and well-being was not always managed well because their care records did not reflect changes to risks promptly. We found on one occasion a person's risk assessment had not been updated when a change in transfer equipment was suggested following an occupational therapist's assessment. Therefore, increasing the potential risk of harm.

We recommend the provider seek advice and guidance from a reputable source, about the management of people's care records to ensure they reflect people's needs.

#### Learning lessons when things go wrong

- The housing and care manager recorded all incidents that occurred at the service, however there was no detail of learning from those incidents that occurred or the actions taken to improve the service.
- We saw records that monitored safeguarding allegations, accidents and incidents and complaints. However, the records received did not identify any lessons learnt and how any concerns were shared with staff.
- There was an internal audit in June 2019 that found some concerns with the service but the housing and care manager had not taken effective action to make improvements. Examples of this were the quality of care records and poor management of people's medicines .

We found no evidence that people had been harmed however, the provider had not deployed staff and there were not enough staff deployed in a way that ensured people received safe and appropriate care to meet their needs. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



### Preventing and controlling infection

- The provider had an infection control policy in place and the service had a cleaning schedule completed by an external company.
- People had support from staff to keep their home environment clean and tidy if this was a part of their package of care. However, two people commented that the flooring in their bathroom was discoloured and had engrained lime scale. They said the flooring needed to be replaced and had reported this to care workers. Another person also reported that the bathroom floor was peeling away. At the time of the inspection action had not been taken to resolve these issues.
- People lived in a service that was free from odour and was clean. Staff understood how to use protective equipment, gloves and aprons and followed the provider's infection control and prevention processes to reduce the risks of infection.

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

- People confirmed they felt safe living at the service. One person said they "I am safe here and I have no concerns" and "Yes, I am safe."
- The provider's safeguarding policy guided staff to understand their responsibilities in relation to the management of safeguarding.
- Staff had a clear understanding of the types of abuse and how to report an allegation of abuse promptly.
- The housing and care manager kept current records of safeguarding allegations with any outcomes to ensure people were protected from the risk of abuse.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had a 12 week programme of induction, training, supervision and appraisal to support staff in their role. The support was in place so staff were able to achieve their personal and professional goals while caring for people in the most effective way.
- The housing and care manager did not always complete assessments on new staff's competencies during their induction. The provider's induction programme included shadowing, assessments of skills and knowledge and training. We found three members of staff had not completed their induction and there were no records to identify why their induction period had been extended.
- The provider did not ensure all staff had completed mandatory training. We found 13 members of staff including the housing and care manager staff that had expired training in basic life support and safeguarding of vulnerable adults. This meant that the provider had not supported staff to continue their training to help them be effective in their roles and develop the necessary skills to care for people and keep them safe.

We found no evidence that people had been harmed however, the provider had not always trained staff so they were safe to meet people's care needs. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed that staff had supervision in line with the provider's recommendations and these were recorded. Staff were able to reflect on their daily practice and whether additional support was required in their jobs. Appraisals were completed with staff each year. Staff were able to reflect on their past year's performance and identified any areas for improvement.

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

- Staff reviewed people's mobility, mental health and physical health care needs on a regular basis and when people's needs changed.
- People had an assessment of their care and support needs before coming to live at the service. The outcome helped people and staff decide if living at the service would meet people's care and support needs.
- Staff we spoke with understood people's individual needs and the support they needed to keep well and have their needs met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Health and social care professionals assessed people for additional care and support when their needs changed.
- Records showed and people told us that they saw their GP if this was needed. Care records contained details of people's health care providers and this was used by staff to support people to make appointments.

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

- People had enough food and drink to meet their individual needs. People's care plans clearly stated whether people needed support with meals and shopping. Staff supported people with meals when this was part of their package of care. One person said "Carers make my breakfast every morning, they do my shopping for me and I give them a shopping list."
- Care records and daily communication logs detailed when people had support with their meals to meet their nutritional needs.
- Each morning staff told people what meals were available to purchase for lunch in the daycentre lounge if they wanted. Meals provided met people's nutritional needs and helped people maintain a healthy balanced diet.

Ensuring consent to care and treatment in line with law and guidance

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and we found the provider was meeting their obligations.

- People gave their consent to receive care, treatment and support. Care records were signed by people or their relatives who had legal responsibility to act on people's behalf.
- Assessments took place where staff had concerns about people's capacity to make decisions independently. The assessment finds out whether people were able to make decisions for themselves.
- Staff had completed training in MCA and DoLS and had an understanding of how to appropriately support people in the least restrictive way.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider was not consistently respecting people's equality and diversity because they were taking no positive action to meet these needs. People's cultural heritage and religious beliefs were recorded, but there was no evidence that the provider took any action to meet people's individual needs. People told us that festivals such as Christmas used to be celebrated, but this was no longer happening. The provider was unable to show us evidence of actions they took in respecting people's diversity.
- Apart from this recorded information we did not see evidence of how the service celebrated and respected diversity at the service. After the inspection we asked the senior manager to send further information regarding diversity and this was not made available to us at the time of writing this report.
- People said staff were kind and caring when providing care and support to them. One person said, "We always have a laugh and a joke even though they [care workers] are busy" and "All the staff that come and see me are all very nice and genuinely caring."
- Staff demonstrated they knew people's needs and understood how to support people so they were satisfied with their care.

We recommend the provider finds out more about celebrating diversity, based on current best practice.

Supporting people to express their views and be involved in making decisions about their care

- The housing and care manager ensured people and relatives gave their views and made decisions on how they wanted their care from staff.
- People's views were included in their care plan review to make sure current needs were met and understood by staff.

Respecting and promoting people's privacy, dignity and independence

- People said staff provided them with care that was delivered by staff that were respectful of their needs. Staff we spoke with were committed to working with people. One member of staff said, "I come here to support people, I know it is busy but I cannot leave people who are vulnerable and need my help" and "Staff are made to feel guilty if they cannot do their shift or if they cannot cover another member of staff's shift."
- Staff supported people with care and support that protected their privacy and dignity. We observed that staff carried out care in private so people's dignity was protected.
- People were encouraged to be as independent as possible. People accessed their local community, visiting friends and family and managed aspects of their life as they chose.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection this key question deteriorated to requires improvement. This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had not ensured the service was fully meeting the AIS. People's care assessments recorded they had specialist communication needs, such as visual or hearing impairments. However, care records did not provide sufficient information on how people should be given written information, for example large print documents.
- Staff had an understanding of how to communicate with people due the length of time they worked at the service and knew people's individual needs well. However, new members of staff would potentially find communication challenging when these were not recorded clearly.

We found no evidence that people had been harmed however, the provider had not ensured people received care and support from a service that was managed well. This was a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; 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 had an assessment of their needs before living at the service. Assessments gathered information from people regarding their individual care and support needs including, opinions of their care, preferences, dislikes, medical conditions, transfer needs and things that were important to them.
- Some people attended activities that interested them and met their needs. People attended the onsite daycentre that was available to people living at the service and those in the wider community. People socialised with each other and took part in activities such as knitting, reminiscence and art work. The care rotas we saw did not provide allocated time for care workers to socialise with people using the service outside of the care package.
- People who did not attend the daycentre managed their social activities independently within their local community.

### Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. People said that they would speak to a member of staff if they had any concerns. Comments included "The staff listen to me and they will sort things out" and "I haven't seen the manager in a very long time so speak to [name]." Details of how to complain was also given

to people when they first moved into the service.

- The housing and care manager followed the provider's complaints policy and had kept clear records of complaints about the service and these were reviewed and monitored.

#### End of life care and support

- There was no one using the service who required end of life care.
- People discussed any future care and support needs and these were recorded. Where people had an advanced care plan in place, this was made available so staff had access to these details when this was needed.
- Some staff had completed end of life care training which equipped them with the knowledge to support people living with a life limiting illness.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People and staff did not find the service was well managed. People said they were not always clear who the housing and care manager was and spoke with care workers if they had any concerns. Staff raised the same concerns at the last inspection and these had not been addressed effectively.
- There were systems in place for staff to raise their concerns with the provider. There was a whistle-blowing policy, staff recognition scheme and an employee well-being service in place. However, despite this support, staff did not feel comfortable to raise their concerns because they felt insufficient action would be taken. Comments included "We have to cover shifts for those staff who choose not to do personal care and they are protected by the manager", "There is a lack of management support and only when things go wrong the manager tells you off without listening to our side first" and "The manager has no respect, gives no support or any appreciation."

We found no evidence that people had been harmed however, the provider had not ensured people received care and support from a service that was managed well. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a system in place to review and monitor the service to ensure it was of good quality. However, we found that the internal audit did not identify and manage the concerns we found to improve the service. There was an action plan attached to the audit, however the recommendations had not all been implemented.
- The housing and care manager had not shared sufficient details about the service and any incidents that occurred with staff. Therefore, there was little opportunity for learning from these to help improve the service.
- From our discussions with people, staff and records we reviewed the housing and care manager did not have oversight of the service, therefore it did not manage the service to ensure it improves.
- Staff said they were able to work well and support each other to meet people's needs. The staff rota showed that staff often asked to give up their planned leave or day off to support colleagues when there was a staff shortage just so people received the care they needed.

We found no evidence that people had been harmed however, the audits had failed to identify the concerns

we found and records of incidents were not shared with staff to promote their learning and reduce the risk of potential harm. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were asked for their feedback about the service including the care and support they received. The last annual survey results had a low response rate of two, but people reported that they were generally happy with the care and support received.
- The housing and care manager held regular meetings with people about the service. Minutes of these meetings were recorded and people had access to these if they were unable to attend the meeting.

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 management team understood their responsibilities under duty of candour. They understood the importance of sharing information and reporting incidents to relevant parties that occur at the service in an open and transparent way.
- The housing and care manager sent notifications to the Care Quality Commission (CQC). This provided CQC with details of concerns, so action could be taken promptly as required.

Working in partnership with others

- Staff and social care professionals had developed working relationships in the management of people's social care needs. This helped people receive the appropriate support to meet their individual care needs.
- Staff worked collaboratively with people's GPs and other health care professionals to help people maintain their health and wellbeing.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure people received consistent care to meet their care needs.</p> <p>Regulation 9(1)(a)(b)(c) Person Centred care</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure appropriate processes for assessing and checking that staff have the competence, skills and experience required to undertake the a care worker role. These processes were not always followed and relevant records were not always kept.</p> <p>Regulation 19(1)(b) Fit and proper persons employed</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure people received safe management of their medicines.  Regulation 12(1)(2)(b)(c)(g)

### The enforcement action we took:

Warning notice issued.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure audits were completed accurately and maintain accurate records for all people using the service.  Regulation 17 (1) (2) (a) (b) (c)

### The enforcement action we took:

Warning Notice issued.