

Eldon Housing Association Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eldon Housing Association Limited is an 'extra care housing' service. Extra care housing services provide personal care to people living in their own flats within housing schemes. Eldon Housing Association Limited provided personal care to people in two buildings in Croydon: Lindsay Court and Westdene. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 44 people using the service.

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 and what we found

Risks to people were not adequately assessed and plans to mitigate and manage risks were not sufficiently detailed, instructive and personalised. Medicines management was not always safe. This put people at risk of potential harm. However, we found no evidence anyone had been harmed and people and their relatives said they felt the service was safe. There were systems and process in place to protect people from abuse and improper treatment. There were enough staff to meet people's needs and new staff were recruited safely. Infection prevention and control in both schemes was good. Staff learned lessons when something went wrong.

People's needs and choices were assessed and their needs and preferences were met. However, their assessments and care plans did not contain sufficiently detailed and person-centred information. Despite this, staff knew people's needs and preferences well and provided them with the right care and support. New staff received induction training and all staff completed regular training and were well supported to do their jobs. Staff supported people to eat and drink enough and maintain a balanced diet and worked with other agencies to provide people with consistent, effective and timely care. Staff supported people to be active and to live healthier lives and access healthcare services and support. 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.

People's assessments and care plans did not contain sufficient information about their equality, diversity and human rights or any information about any protected characteristics they may have. However, staff knew people well and understood and respected their diversity. People were well treated, and staff were friendly, kind and caring. People and their relatives were involved in their assessments, planning their care and reviews of their care and support, and were encouraged to participate in making decisions about their care. People and their relatives felt they were always treated with respect and dignity. People were supported to be as independent as possible.

People's care and support was not recorded and planned in a personalised way and people's individual

communication needs had not been sufficiently recorded in their assessments and care plans. However, staff communicated with people in ways they could understand because they knew people's individual ways of communication well. People were supported to maintain relationships, follow their interests and participate in activities. There was a complaint policy and procedure in place and complaints were dealt with appropriately and to people's satisfaction. People could be provided with end-of-life care and support if required.

The provider's quality assurance systems and processes were not always effective. The provider's audits had not identified the issues we found during our inspection. There was a positive culture and the care and support people received was inclusive and empowering and achieved good outcomes for them. The provider, managers and staff understood their duty to communicate openly and honestly when something went wrong. The provider engaged people, their relatives, and staff in the development of the service. There were systems and processes to support continuous learning and improving care. Staff worked well in partnership with other services, organisations and agencies to provide people's care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, person-centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led..

Details are in our well-led findings below.

Requires Improvement ●

Eldon Housing Association Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

Inspection activity started on 10 August 2023 and ended on 25 August 2023. We visited the location's office on 10 August 2023 and 11 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who uses the service and 4 relatives of people who use the service. We also spoke with 7 staff, including the nominated individual, two registered managers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 10 people's care records and 4 staff records. A variety of records relating to the management of the service were also reviewed.

Following our visit to the service, we reviewed more records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were not comprehensive and plans to protect people from avoidable harm were not robust.
- People's risk assessments did not always include a thorough assessment of the risks to them. Their safety management plans and care and support plans did not always include sufficiently detailed, personalised and instructive information for staff to safely manage the risks.
- We found no evidence anyone had been harmed. However, the lack of good quality, suitable risk assessments and safety management plans for people's diabetes, epilepsy, mental health needs, falls risk and pressure sore risk, for example, put people at risk of potential harm.

The provider's failure to ensure risks to people were sufficiently assessed and mitigated was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always administered safely.
- There was insufficient information in place for staff about when and how to give people their 'when required' medicines. The provider did not use body maps to record where people's medicine patches had been placed on their body. This meant the provider was not following National Institute for Health and Care Excellence (NICE) guidelines for 'Managing medicines for adults receiving social care in the community'.
- The provider did not carry out quality assurance checks of medicines administration frequently enough to ensure they would always identify any issues in a timely manner.
- We found no evidence anyone had been harmed. However, the failure to make sure medicines were administered safely at all times put people at risk of potential harm.

The provider's failure to ensure medicines were administered safely was further evidence of a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection the provider put a 'when required' medicines policy and procedure in place and put individual 'when required' medicines protocols in place for people that required them.
- Staff received medicines administration training and competency checks. Medicines administration records (MAR) charts were completed correctly when medicines were given.
- Monthly medicines audits were carried out. After our inspection the provider told us they had also put

weekly medicines administration quality assurance checks in place.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from abuse and improper treatment.
- There was a safeguarding policy and procedure in place. Staff had received safeguarding training and they knew how to recognise and report abuse. The provider reported incidents in line with regulations.
- People and their families said they felt the service was safe. One person told us, "I love it here and everyone makes me feel safe and cared for all the time". A person's relative said, "My [relative] is safe and secure where [he/she] is, which gives the family peace of mind" and another person's relative told us, "I am confident [he/she] is safe".

Staffing and recruitment

- There were sufficient staff to meet people's needs and the provider recruited new staff using safer recruitment procedures.
- Staffing levels were worked out based on people's needs and level of independence.
- Recruitment procedures for new staff included checking people's identification, obtaining previous employment references and carrying out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured the provider was preventing visitors to the communal areas of the buildings from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the hygiene practices of the communal areas of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were systems and processes in place to learn lessons when something went wrong.
- Staff knew how to report accidents and incidents and accidents and incidents were recorded and audited and lessons learned were shared with staff.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed and their needs and preferences were met.
- However, information had not been suitably recorded and their assessments and care and support plans did not contain sufficiently personalised, detailed and person-centred information. This meant there was not enough information for staff in people's care records about their needs and choices.
- Despite this, people received the right care and support because there was a consistent staff team, and staff had got to know people's needs and preferences very well.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support and had the knowledge, skills and experience required to provide people with their care and support.
- New staff completed induction training and there was a programme of core training for all staff. Staff carried out refresher training annually.
- The provider had additional systems and processes in place to support staff learning, development and wellbeing. These included competency checks, supervision, yearly appraisals, staff meetings, shift handovers and informal chats. There were also staff award schemes in place to recognise and reward staff contribution and excellence.
- People and their relatives told us they thought the staff had been properly trained and delivered excellent care.

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

- Staff supported people to eat and drink enough and maintain a balanced diet.
- Both buildings had a communal kitchen and dining room, and people could eat a cooked lunch in the dining area every day.
- People had choice about what they ate and drank. Staff supported people to prepare meals in their own flats and offered people drinks.
- One person told us, "My meals are delivered, and they are always tasty and warm". A person's relative said, "My mother gets a nutritious meal".

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies to provide consistent, effective and timely care.
- Staff routinely liaised with GPs, district nurses, occupational therapy, physiotherapy and local authorities to provide people's care.

- Staff monitored people's health and wellbeing, including when delivering personal care. This had led to one person receiving medical treatment quickly and an early diagnosis.
- One person's relative told us, "[Person] had a fall three months ago and they have been helped to recover because of the wonderful care received". Another person's relative said, "[Person] had a hip operation and they were so well looked after during their recuperation, it was fantastic".

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to live healthier lives by being active, avoiding isolation and accessing healthcare services and support.
- People participated in activities provided by staff in the communal areas on a daily basis. People also went out in the community, spent time with their families and went on day trips and holidays.
- Staff supported people to make and attend medical and healthcare appointments.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider followed the MCA. Staff carried out appropriate mental capacity assessments and best interests meetings for people when required. They submitted applications to obtain the legal authority to deprive a person of their liberty when it was in the best interests of the person's safety.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported, and staff respected their diversity and equality.
- Staff interacted with people in a friendly, kind and caring way. Staff appeared to have good rapport and strong relationships with people. People were treated as individuals with different needs, likes and dislikes and interests.
- People and their relatives told us staff are kind and caring and people are always treated with respect and dignity.

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

- People and their relatives were supported to express their views and be involved in making decisions about their care and support.
- People were consulted about any changes to their needs and their relatives were kept well informed about any proposed changes to their care. People and their relatives were included in assessments and care plan reviews. Relatives were encouraged to be involved in meetings and discussions about people's care when appropriate.
- People and their relatives could ask any questions and raise any concerns or issues. They could make suggestions and decisions at any time, both formally and informally, and they felt comfortable to do so. Relatives and professionals that had legal authorisation to make decisions about people's care were also involved in assessments, reviews and decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and people were supported to be as independent as possible.
- People and their relatives told us staff respected the fact they were entering people's homes. They said all staff ask people for their permission before they carry out a task or provide care and support.
- One person's relative told us, "My [family member's] independence has improved since they arrived and this is due to the excellent care and support".

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was not recorded and planned in a personalised way.
- People's needs assessments, risk assessments, safety management plans and care and support plans were not sufficiently person-centred. They did not include enough information for staff about people's individual preferences and the ways in which they wanted to receive their care and support.
- People's needs assessments and care plans were mainly based on their healthcare requirements. Their diversity and any protected characteristics and equality considerations were not included in their assessments and support plans. The service was reliant on staff continuity and the relationships between staff and people instead of assessing, recording and planning people's care and support in a personalised way. This meant people's care plans were less likely to be effective.

The provider's failure to ensure people's care was planned in a personalised way was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- The provider had not adhered to the 5 principles of the Accessible Information Standard (AIS). People's individual communication needs and ways of communicating had not been sufficiently recorded and highlighted in their assessments and care and support plans.

The provider's failure to follow the 5 principles of the AIS was further evidence of a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff communicated with people in ways they could understand because they knew people well and people were able to communicate verbally and had the mental capacity to express themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and participate in activities.
- People had a high level of independence and most of them could leave the buildings and come and go as they pleased.
- People regularly engaged with each other, their families, and friends, went into the community and participated in the daily activities on offer in both schemes. They also went on day trips and holidays and were encouraged and supported to pursue their interests. Some people helped with the gardening and grew vegetables, for example.

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedure in place and complaints were dealt with appropriately.
- People and their families were given information about how to make complaints and they told us they knew how to raise concerns and complaints and felt comfortable doing so. One person told us, "We know everyone well and I would complain if needed but it has not happened yet".
- Complaints were dealt with appropriately and to people's satisfaction.

End of life care and support

- People could be provided with end-of-life care and support if required.
- Staff had end-of-life care training and the service worked with St Christopher's hospice to plan and provide people's end-of-life care and support.
- At the time of our inspection no one was receiving end-of-life care and support.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

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.

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

- The provider's quality assurance systems and processes were not always effective and records were not always sufficiently complete.
- The provider's audits had not identified the issues we found during our inspection.
- The provider had not always sufficiently assessed, mitigated and improved the safety of the services provided.
- People's care records did not always contain sufficient information for staff to safely manage risks to people and provide their care in a personalised way.

The provider's failure to establish and operate systems and processes to assess and mitigate risks to people and assess, monitor and improve the services provided was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew their roles and what was expected of them. They had job descriptions and a staff handbook, and the provider had a set of values that were given to staff.
- Staff received updates and learning in several ways, including spot checks, supervision, shift handovers and staff meetings. They also received alerts with new information via the electronic care recording system used by the service.
- There was a staff social media group which was also used to share updates and information about legislation, regulations and practice guidance.

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

- There was a positive culture that was open and inclusive and empowering, which achieved good outcomes for people.
- People and their relatives had good relationships and good rapport with staff. People were supported by staff in line with their choices. There was a relaxed, friendly atmosphere in both schemes.
- Staff worked well together as a team. They communicated well, were happy to help each other and were confident to raise issues with managers. Staff covered both schemes and this meant people had continuity of care.

- Staff were well supported. There were staff recognition and reward schemes in place and the provider made adjustments to support staff. The provider had changed shift start times for staff when they were recovering from illness, allowed staff to finish early during heatwaves and paid for staff to take taxis to work during the COVID pandemic if they were worried about the increased risk of infection by using the bus.
- The provider also purchased equipment for people to support them with tasks. They had bought equipment to support people with taking their laundry out of the tumble drier, for example.
- One person told us, "The manager looks after us all so well and is always available". A person's relative said, "I would, and I have recommended the service to others". Another person's relative told us, "We have recommended Eldon to many relatives and friends and some of them are living there at the moment".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider, managers and staff understood the duty of candour and their obligation to be open and honest when something went wrong.
- Staff communicated and shared information with people, their relatives and other professionals in an open and honest way when there was an incident.
- Incidents were reported in line with regulations.

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

- The provider engaged people, their relatives and staff in the monitoring and development of the service.
- People, their relatives and staff received feedback surveys and questionnaires to share their thoughts, feelings and suggestions about the service.
- People, their relatives and staff could raise any concerns or issues or have a chat about anything at any time either face-to-face or via phone or email.

Continuous learning and improving care

- There were systems and processes in place to support continuous learning and improving care.
- Managers attended online learning events. The nominated individual used the CQC website and attended online learning events. Managers attended local authority information sharing and learning groups for care providers.
- Information, updates and learning were shared with staff.

Working in partnership with others

- Managers and staff worked in partnership with other services, organisations and agencies to provide people's care and support.
- They worked well with medical services, therapy services, local authorities, community services and people's relatives. They worked with Age UK to get people support with their benefits and tenancies. They worked with St Christopher's Hospice to provide end-of-life care. They worked with the Red Cross to get people support with travelling to appointments.
- A person from a local church visited fortnightly to provide people with religious support and deliver a religious service.
- A local community centre sometimes provided a bus service to support people with doing their shopping if they had no family or someone to support them with shopping.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure people's care and support was planned in a person-centred way.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks to people were sufficiently assessed and mitigated and medicines were administered safely.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes were not always effective and people's care records were not always complete.