

One Housing Group Limited

# Esther Randall Court

## Inspection report

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25 March 2021

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

Esther Randall Court is an Extra Care provision operated by One Housing Group Ltd. 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. At the time of this targeted inspection there were 29 people using the service who were provided with personal care support.

### Why we inspected

We undertook this targeted inspection to look at concerns that were raised about cleanliness, personal care provided to particular people who at times required two staff to support them, the use of medicines, management of people's finances, staff recruitment background checks and staffing levels in March 2021. The overall rating for the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found the following examples of good practice.

The service worked hard to encourage people to maintain social distance despite people living at the home finding it difficult at times to fully understand why this was necessary. Most people had not had visitors during the COVID-19 pandemic. For much of the last year there had been restrictions about visiting and some people had been following the government advice around shielding. The service had adapted communal space on the ground floor to allow for socially distanced visiting outside of people's own separate accommodation if they wished to receive visitors. The registered manager and staff we spoke with told us about how they had continued to encourage and support people to maintain contact with their loved ones even if they were unable to see them in person.

We invited people using the service to speak with us during our inspection visit but on this occasion, no one wished to. We received positive feedback from the local authority that commissions the service. We were told that the authority had been made aware of the concerns raised but had found nothing to substantiate the concerns and that the service had managed very well, not least during the pandemic.

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

We always ask the following five questions of services.

### **Is the service safe?**

Further information is in the detailed findings below.

**Inspected but not rated**

# Esther Randall Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type:

This service is an Extra Care provision. At the time of inspection 29 people were using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection took place on 25 March 2021 and was unannounced, meaning the service did not know we were visiting until we arrived.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection.

#### During the inspection

During our visit, we spoke with the registered manager, the care co-ordinator and two care workers. We reviewed a range of records. This included two people's care records, four medication records and other records relating to the day to day management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records as well as confirmation of staff employment background checks.

# Is the service safe?

## Our findings

We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about. The purpose of this inspection was to check specific concerns we had about medicines, safeguarding people from abuse, staffing and to check the standard of cleanliness and infection control measures.

We will assess all the key questions at the next comprehensive inspection of the service.

### Using medicines safely

- A question had been raised through an anonymous whistleblowing concern about whether medicines were being handled safely. We looked at medicines records for four people who required assistance to take their medicines for the last month. These records showed that the medicines had been accounted for and the date and time that they were provided was recorded clearly. People had agreed that staff could assist them to take their medicines.
- We looked at medicine's competency assessment records for ten care staff, all of whom had been assessed as competent to assist people to take their medicines.

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

- There were systems in place to guide staff on what action to take if they thought a person was at risk of harm. These included safeguarding training and a safeguarding policy outlining staff responsibilities around protecting people from harm from others.
- A concern had been raised about management of people's personal finances that were held by the service. Three people had support to manage their personal finances and we looked at the amounts held in the safe, recording of money people had withdrawn, received and spent. This system was well managed, and the audit trail was clear and transparent to ensure that people's personal finances were not misused.

### Staffing and recruitment

- We looked at the staff rota for the previous six months up to the time of this inspection. The registered manager informed us that although there had been a small number of occasions when specific staff had needed to self-isolate, that the staff team had been able to cover during these occasions and no shortage of staff had been experienced. Our examination of the staff rotas indicated a suitable number of staff on duty each day and overnight.
- There were also detailed shift plans which showed when staff were allocated to assist each other in caring for people who at times required more than one care worker to assist them.
- Three new employees had been recruited in the last twelve months. The anonymous concern that had been raised alleged that staff were not having appropriate background checks undertaken. We found that this was not the case as Disclosure and Barring Checks (DBS), references and confirmation of the right to work in the UK were all confirmed.

### S5 How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date and this included risk assessment procedures for any clients or staff from black and minority ethnic communities who faced potentially higher risk from COVID-19 infection. People's own homes and communally shared spaces were being kept clean.