

## Housing 21

# Housing 21 - Cedar Court

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Housing 21 – Cedar Court is specialist 'extra care' housing that can provide personal care for up to 40 people. At the time of the inspection 35 people aged 55 and over received care. People lived in self-contained flats across three floors of the service which 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 and what we found

People told us they received good quality care and they had seen improvements in the support staff provided since the last inspection. The provider had processes in place to ensure suitable staff were employed to provide care and support. Staff were supported through ongoing supervision, appraisal and training.

Medicines were managed safely. The registered manager implemented the provider's medicines policy to ensure staff administered medicines to people in a safe way. Staff were trained and assessed as competent to administer medicines. The quality of medicine administration records had improved since the last inspection and these were reviewed and checked for accuracy.

People had an assessment that considered their care and support needs. There were regular reviews of care records to ensure care was accurate and delivered in a safe way. Risk management plans were in place and these provided staff with detailed guidance on how to support people and to reduce and manage risks. Staff understood what abuse was and all staff had completed safeguarding training and they understood the importance of reporting any concerns in a timely way.

The provider had systems in place to monitor the service and the quality of care. The registered manager completed quality audits and reviewed the service to ensure care was of a good standard. Feedback was sought and people shared their comments about 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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 3

June 2021) and there were breaches of regulation. The provider 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 been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our responsive findings below.

# Housing 21 - Cedar Court

## Detailed findings

### Background to this 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

The inspection was carried out by one inspector and an 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 were two registered managers in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the two registered managers at the service. We spoke with nine people who used the service and one relative. We held an online meeting for staff, two senior staff and six care workers attended and spoke with us. We reviewed a range of records. This included care records for five people. A variety of records relating to the management of the service, including policies and quality of the service, were reviewed and sent to us after the site visit.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people due to poor medicines management. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection medicines management systems were not effective and medicines often ran out or were not re-ordered in time so people did not always receive their medicines as planned. At this inspection we saw improvements had been made and staff ensured people had sufficient medicines available for their needs. This included topical creams, eye and ear drops as required.
- The registered manager arranged medicines training for all staff to improve their knowledge and skills with supporting people safely. All staff confirmed they had completed this training and staff files contained documents to confirm this. Staff were also assessed as competent to support people with taking their medicines.
- The provider updated their medicines policy each year and guided staff to ensure people's medicines were given in line with this.
- Medicines administration records (MAR) were in place to record that people had their medicines as required. Each person who required support with their medicines had a MAR that was signed and dated as required. These records were completed accurately, and no unexplained gaps were found.

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

- The provider had a safeguarding policy in place to protect people from the risk of harm and abuse. People told us that they felt safe receiving care and support from staff and said that attitudes of staff had changed and were more positive since the last inspection.
- Staff were trained in safeguarding and understood how to identify potential abuse and to report this as soon as possible to their line manager. Staff understood that if abuse was not investigated internally, they could raise any concerns about potential abuse to the local authority safeguarding team or to CQC.
- The service had recorded any incident of alleged abuse with an outcome with actions taken to protect the person from further risk of harm.

### Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and well-being to ensure these were managed well.

- Risk management plans had sufficient details about each risk and how to mitigate them. For example, one person had swallowing difficulties and there were clear plans in place about how to manage this. This included ensuring all meals were provided according to the Speech and Language Therapy ("SALT") team's recommendations with guidance to reduce the risk of choking.
- The risk management plans provided guidance for staff to manage each risk in a safe way and these were reviewed to ensure they remained accurate.

#### Staffing and recruitment

- There were enough staff to support people safely. Staff rotas were in place that identified the skill mix and number of staff required to provide care and support to people in safe way. The rotas showed there were the correct level of staff available on each duty that was required. If there was staff sickness or other absences the senior staff member on duty would support the staff on the floor and provide personal care.
- The provider managed the recruitment process for the service to ensure suitable and skilled staff were employed to support people. Each member of staff had a record of the recruitment process including, details of the application for the job they were employed to do.
- Pre-employment checks took place when employing new staff. Each member of staff was vetted to verify they had the right to work in the UK, had previous relevant employment histories, job references and a check from the Disclosure and Barring Service. Disclosure and Barring Service (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

- People were protected from the risk of infection. The provider understood the current government guidance on infection prevention and control especially in relation to COVID-19. The provider had an infection prevention and control policy to manage the risk of infection.
- Staff had access to personal protective equipment (PPE) to help them to reduce and manage the spread of infection.
- Staff had completed training in infection prevention and control. This enabled staff to take appropriate actions to prevent the risk of infection for people they provided care and support to.

#### Learning lessons when things go wrong

- The service had a plan which included how they would meet the minimum standards of the regulations that were in breach. The action plan provided details of when each action had been completed.
- Senior members staff reviewed and monitored the service delivery to ensure it was of a good standard. Any areas of concern were developed into an action plan and shared with staff. The registered manager monitored the action plan until all actions were completed.
- The provider had a process for recording any accidents and incidents these were escalated to the registered manager for investigation and to take any additional action as required.



# 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 comprehensive inspection in September 2019, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support, training, skills and experience

At our last comprehensive inspection the provider had failed to robustly assess staff's competencies, induction and mandatory training. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager supported staff through induction, training, assessment of staff skills and competencies to ensure they could support people. People told us they felt staff were trained enough to support them.
- The provider recorded all staff training with a date to complete refresher training. Training in dementia care, mental health, infection control and prevention and medicine management were completed.
- Senior members of staff completed checks on staff to make sure they were competent to carry out their jobs. Where staff required further support or further training this was provided.
- There were systems in place to support staff to deliver safe care to people. All staff had supervision and appraisals meetings that were used to discuss their daily work and to reflect on their past performance. Staff confirmed and their supervision records showed regular meetings with their line manager took place.

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

- People had an assessment of their individual needs and they contributed their views and wishes about how they wanted to receive their care and support.
- Staff gathered details from people about any care support needs and also their strengths and views of their care service.
- People's choices were respected by staff to ensure people had the support they needed.

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

- Staff supported people to meet their individual nutritional needs including their cultural and meal preferences. Comments we received confirmed, "Sometimes I do cook myself. On Sundays I like bacon, egg and toast and they do it" and "[Care workers] cook my breakfast and tea."
- Training in safe food and hygiene was completed by staff which gave them knowledge of the current practices on the preparation and presentation of food.

- Care records contained enough information about the meals people preferred and enjoyed. People's care plans included whether meal preparation was part of their package of care and support or whether they had specific needs in relation to eating and drinking.

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

- The service worked in partnership with other professionals to ensure people's healthcare needs were understood and appropriate support was provided.
- Staff knew people well and understood their individual health challenges and needs. Care and support was delivered to meet these needs.
- Staff understood their responsibility to share any concerns they had about people when needed to keep them safe. Staff knew who to contact if they had concerns about people and they completed referrals to health and social care professionals for advice or an additional assessment as required in a timely manner.

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

- People were supported to maintain their health and wellbeing. People's care records had a list of medical conditions and staff worked in a flexible way to coordinate with health care professionals when required.
- Staff had a good understanding of people's health conditions and how this affected them. For example, one person had mobility needs and their records described what support they needed including the assistance from staff, how they were able to move in bed and whether they needed special equipment to help them move around their home.
- People were encouraged to take part in things they wanted to do, to be independent and to live the way they chose. Health care professionals visited people in their home if required, this included a GP and community nurse.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working in accordance with the requirements of the MCA. People's care records contained information about whether they could provide informed consent to receive care and support.
- Care records detailed people's decision-making abilities and whether they needed additional support to make decisions.
- The registered manager contacted the local authority to report any concerns with people's mental capacity needs and they understood the role of the Court of Protection. At the time of inspection no one had their liberty deprived.

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

At our last comprehensive inspection in 2019 we rated this key question requires improvement. At this inspection the rating has changed to good.

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

At our last comprehensive inspection the provider had failed to robustly take into account people's specific needs in relation to equality and diversity when providing care and support. We made a recommendation for the provider to find out more about celebrating diversity and take action to make improvements. At this inspection we found improvement had been made.

- The registered manager and staff had conversations with people and their relatives to understand their individual needs, taking into accounts people's equality and diversity requirements. Staff had celebrated people's cultural and religious needs at the service. There were celebrations for Black History Month. People, relatives and staff wore their traditional clothing and cooked meals that were influenced by their culture. Meals were shared with people, relatives and staff. During this event they enjoyed listening to music playing in the communal lounge. We saw another example where a person was encouraged to share their religious practices with people, staff and visitors to the service. The person welcomed all visitors sharing Diwali festival treats with them.
- Staff were described in a positive way by people and their relatives as kind. Comments included, "She's my friend. My care package is for three calls a day; morning, lunch and supper" and "They [care workers] check on me to make sure I'm alright and they always ask me if I have any problems."
- The registered manager was aware of the Equality Act 2010 and their responsibilities to ensure people received their care and support in line with current legislation.

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

- The registered manager involved people and their relatives in care and support planning to meet their individual needs.
- People had regular care workers who knew them well and provided their care as required. People and their relatives told us that staff were kind, flexible and felt comfortable receiving care and support from them.
- People and their relatives developed good relationships with staff. Comments included, "The carers here, they are very good carers. There's not a bad one amongst them, I know them."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect during all care visits. Staff maintained a professional approach and provided care for the assessed length of time.
- Staff protected people's privacy and dignity while supporting them with the care and support they

required. Personal care needs were carried out in private, so people's dignity was protected and maintained.

- People were encouraged to participate in their own care when they were able. This approach helped people to maintain some level of independence. One person told us the care workers encouraged them to go outside on their own using a walking frame to help them to maintain their mobility.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This meant people's needs were met through good organisation and delivery.

At our last comprehensive inspection in 2019 we rated this key question requires improvement. At this inspection the rating has changed to good.

### Planning personalised care

- Care and support was planned for people in a personalised way. Care assessments were used to identify people's individual care needs.
- People, their relatives and health and social care professionals contributed to the care assessment and helped to develop an appropriate plan of care.
- Care records contained details about the support people needed to meet their personal care needs. Staff were trained and had appropriate guidance to support people in the way they wanted while considering their health conditions and mobility needs.

### 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.

- People's individual communication needs were recorded on their care records so new staff were aware of these. If people had communication needs they had an assessment with a health and social care professional who provided advice and guidance to staff and provided people with appropriate communication. For example, a person had an individualised communication care plan that recorded their needs. They had communication tools to help them communicate their thoughts and opinions with staff and others. We were able to speak with the person using the tool.
- People had access to their care and support records in a format that they could understand. People were given a copy of their care records so they were aware of their planned care and support. People told us they were involved in developing their care plan and felt involved in their care.

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

- The provider had a complaints policy and procedure in place. People told us, "I've got no complaints. I could talk about any concerns to a staff member but I haven't wanted to complain" and "Everything is fine here. I have no problem with the place."
- The registered manager gave people or their relative a copy of the service user guide when they began living at the service. This guide contained information about the provider, how to make a complaint about the service and how complaints were handled.

#### End of life care and support

- There were systems in place to record when people had arrangements or plans in place at the end of their life. When people had funeral plans in place these details were recorded in people's care records and included actions staff should take at that time.
- People, with the support of their relatives, were encouraged to discuss the care and support they wanted at the end of their life or if they had a life limiting illness.
- Staff had developed skills and their knowledge to care for people at the end of their lives.

# 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 has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to robustly assess and monitor the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff meetings took place with care workers to share information with them about any changes that occurred in the service. Staff told us they felt safe raising any concern they had about their jobs or sharing any good news with their colleagues.
- People were asked for their feedback about the quality of the service. People and their relatives reported that they were happy with the care and support received and with the care workers that supported them.
- People were encouraged to share their ideas and to be involved in the service development which helped people to feel valued. People, relatives and staff were involved in the organising of a special event of the 20-year anniversary celebration of the service. There was music, dancing and people dressed up for this event. People and staff told us they had enjoyed this event. People also contributed to the service's newsletter. They discussed new activities they wanted to take part in and shared their views.

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

At our last inspection the provider had failed to provide people with care and support that was person centred and met their assessed needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had positive outcomes in response to the care and support they received. Feedback from people and their relatives was positive about the quality of care. Comments that were shared with us included, "I love it here", "They are very good, the people in charge are efficient" and "There are two managers they

inform us of things and they give leaflets."

- There were two registered managers at the service and staff were complimentary about their management. They told us the leadership of the service had improved and managers were more approachable than in the past 12 months. Comments included, "We are being better supported than a few years ago," "I really enjoy my job now, much more everything is much better" and "You know who to go to, the managers have different skills and managing styles, which is good for me."
- The registered managers understood how to ensure government guidelines and best practice were followed in relation to COVID-19. Staff received updated guidance and additional training to help them to improve their practice and to maintain people's safety.

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

- The service completed regular monitoring and auditing on a routine basis. The outcomes were reviewed by the provider's managers and any improvements were shared with staff. This enabled the registered managers to have clear oversight of the service.
- There were checks of staff individual performance to ensure people received safe care and support. Each member of staff providing care had competency checks completed. This included observations of care workers carrying out care and also speaking with people and their relatives about how the care worker interacted with them. Any areas for improvement was managed safely and if people or their relatives had any concerns this was acted on in a timely way.
- The registered managers understood their legal responsibilities to inform the Care Quality Commission of incidents and events that occurred at the service. They understood this information had to be shared so CQC can take appropriate action as required.

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 had a process to follow to ensure the registered managers understood their responsibilities in relation to duty of candour.
- The registered managers told us that they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong.

Continuous learning and improving care

- The registered managers had a commitment to continuous learning and improvement at the service to ensure the care delivered was of a good standard.
- The registered managers maintained updated and accurate records so the service was monitored and improved when this was required.

Working in partnership with others

- Staff worked in partnership with colleagues from health and social care services so people could have access to consistent care and advice when required.
- Records showed that staff frequently contacted health and social care professionals for advice and support when people's needs had changed or they had concerns.