

CSN Care Group Limited

Carewatch (Colebrook House)

Inspection report

Royal Military Academy
1-57 Colebrook House
London
SE18 4AP

Tel: 02039537940

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Carewatch (Colebrook House) is an extra care housing scheme providing support to people living in their own flats and houses across two schemes. Carewatch (Colebrook House) provides care and support to 57 flats at Colebrook House and 43 flats and two bungalows at Richard Neve. At the time of this inspection, 81 people were being supported with personal care.

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 were not always protected from the risk of avoidable harm. Appropriate risk assessments and management plans were not always in place as required. The systems and processes in place for assessing and monitoring the quality of the service was not robust enough to identify shortfalls.

People's medicines were not always acquired in time to ensure they had sufficient stock in place. There were procedures in place to minimise the spread of infection. Appropriate staffing levels were in place to ensure people's needs were met. Also, the organisational culture had not improved, and all these areas required improvement.

People were protected from the risk of abuse. 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. Care and support was planned and delivered to meet individual needs. People and their relatives' views were gathered through telephone monitoring to improve on the quality of the service

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

Rating at last inspection (and update) - The last rating for this service was requires improvement (published 05 March 2020) and there were multiple 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 that improvements had been made person-centred care and the need for consent; therefore, the provider was no longer in breach of these regulations. However not enough improvement had not been made or sustained and the provider was still in breach of regulations 12 and 17.

The service remains rated requires improvement. This service has been rated requires improvement for the second time since they changed their legal entity.

Why we inspected

The inspection was prompted in part due to concerns received about medicines management, infection control, staffing, safeguarding adults, risk management, quality assurance and the overall management of the service. Also, we carried out an announced comprehensive inspection of this service on 14, 15 and 27 January 2020 where breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, need for consent, safe care and treatment, good governance and notifications of other incidents.

We made a decision and undertook this focused inspection to examine those risks and to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the whole Key Questions of Safe and Well-led. We also followed on specific breaches of legal requirement under Key Question Effective and Responsive which all contained those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carewatch (Colebrook House) on our website at www.cqc.org.uk.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service/We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk management, 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Requires Improvement ●

Is the service effective?

At the last inspection this key question was rated as requires improvement. 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.

Inspected but not rated

Is the service responsive?

At the last inspection this key question was rated as requires improvement. 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.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Carewatch (Colebrook House)

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 Care Act 2014.

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 bought or 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service since our last inspection, including records of events the provider was required to tell us about. We sought feedback from the local authority that commissioned the service. 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. We used all of this information to plan our inspection.

During the inspection-

We visited and spoke with one person to gather their views about the service. We spoke with four members of staff including the registered manager, the head of extra care, a deputy manager, a quality assurance officer.

We reviewed a range of records including nine care plans, risk assessments and medicines records. We reviewed five staff files including staff recruitment, training and supervision records. We also looked at records used in managing the service including accidents and incident records, safeguarding and complaints logs, staff rotas, staff recruitment, training and supervision records, daily care logs, audits, quality monitoring reports and minutes of meetings.

After the inspection –

We spoke with 19 people and seven relatives on the telephone to seek their views about the service. We continued to seek clarification from the provider to validate evidence found. We spoke with the registered manager and the head of care. We also spoke with 11 care staff about the care they provide and the support they received to perform their roles effectively.

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 remained the same. 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; Learning lessons when things go wrong
At our last inspection the provider had failed to manage risks in a way that reduced harm to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had taken action, but not enough improvement had been made and the provider was still in breach of regulation 12 (Safe care and treatment).

- People were not always protected from the risk of avoidable harm. We noted that the service had reviewed all risk assessment following our last inspection and risk to people were identified and assessed in areas including medicines, personal care, nutrition, environment, manual handling, tissue viability, bedrail, falls and risks in people's own environment.
- Where risk to people have been identified and assessed, appropriate risk management plans were not always in place. For example, one person with a history of falls and had also experienced a number of falls this year, had no falls risk management plans in place to provide staff guidance on how they should mitigate the risk of falls.
- Following our inspection, the provider sent us a Covid-19 risk assessment. We noted that this was rated based on people's health conditions and the impact Coronavirus may have on their wellbeing. Where people were identified and rated of high risk of Covid-19 due to health conditions such as chronic obstructive pulmonary disease (COPD), we were not provided with any specific risk management plans of how these identified individual risks were safely managed.
- There was general guidance or a fact sheet in people's care plans covering areas including diabetes, falls prevention, manual handling, passive smoking, breathlessness and Covid-19. The information in these fact sheets were not specific to individual needs and how individual risks should be prevented or minimised.
- Accidents and incidents were reported and recorded in line with the provider's policy. A relative told us, "My loved one had a fall... Staff called an ambulance and she was taken to Accidents and Emergencies (A&E), they let us know straight away." We saw that accidents and incidents were analysed between January and June 2020. However, in some instances, there was no record of any investigations, outcome, actions or lessons learnt from the accident or incident. We noted that the accidents and incident forms were also not always completed as required and sections in the form were mostly left blank.

We found systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had taken action to improve medicines management however this was not always enough, and the provider was still in breach of regulation 12 (Safe care and treatment).

- People were supported with their medicines, however, appropriate actions were not always taken in time to ensure people had sufficient amount of medicines in stock. The service had updated medicines records to ensure that the level of support people required was consistent and people's needs were being met. One person told us, "They give me my tablets when I should take them."
- Medicines administration record (MAR) had also been revised to minimise medicines errors and to ensure people received their medicines as required.
- Where people were prescribed 'as required' medicines (PRN) such as pain-relief or laxative, there was a PRN protocol in place for staff on when they could administer these medicines.
- Monthly medicines audits were completed and where gaps were identified on MARs action was taken and staff were supported through supervision and/or training.
- All staff responsible for supporting people with their medicines had completed medicines training and their competencies assessed to ensure they had the knowledge and skills required to safely support people with their medicines.
- However, we noted that staff had not always acted in good time to ensure people had sufficient amount of medicines in stocks. This resulted in people having gaps in their MAR sheets because they did not have sufficient amounts of medicines available. Hence, people's health and wellbeing was put at risk because they did not always have sufficient amounts of medicines in stock as prescribed by healthcare professionals. A failure to ensure the proper and safe management of medicines was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We raised this issue with the registered manager, they told us, they were taking actions with staff to ensure people received their medicines as required.

Staffing and recruitment

- There was enough staff available to support people's needs. We had mixed views from people about staff attendances. One person told us, "They usually come different times, different staff sometimes. Some are good and some are not." Another person said, "It's the same staff who come in but on rotation. So, it's the same faces you see but not every day."
- Where people required additional staff support in between their regularly scheduled visits, a call bell or a pendent was in place. We had mixed feedback regarding staff response times. One person said, "I have to buzz when I need the toilet and sometimes have to wait ages; one and half hours sometimes, sometimes I'm lucky and someone comes; I wait about 15 minutes, which is acceptable but not longer. Another person said, "Some [staff] are in a hurry and you know it because they are a bit pushed for time, I don't usually wait for longer than say 10-15 minutes."
- The registered manager informed us staffing levels had been increased following assessments of people's needs. They said due to the Coronavirus pandemic, the service was supporting more people with for example shopping to minimise the risk of infections. A staffing rota we reviewed confirmed staffing levels had increased.
- Staff told us there was enough staff available to support people's needs and appropriate shift patterns were in place. One member of staff told us, "There are plenty of staff, and we can always get shifts covered."
- The service followed appropriate recruitment practices and had ensured all staff completed pre-employment checks before they began working with people who used the service. These checks included right to work in the United Kingdom, references and a criminal records check.

Preventing and controlling infection

- There were procedures in place to protect people from the spread of infections. People told us that staff wore, gloves, mask and sometimes aprons. However, one person said, "Only some staff do." Another person told us, "I think they could be more efficient and improve training, and with hygiene of food and cleaning."
- Staff told us they understood the provider's infection prevention and control procedures and current government guidance on Covid-19. They told us they followed appropriate protocols to maintain good hygiene levels and to prevent the spread of infectious diseases.
- The service had access to corona virus test in September 2020 and both people and staff had all been tested and had all achieved a negative test result at the time.
- Staff told us they had access to personal protective equipment (PPE) including gloves, aprons and masks. They told us they had been trained on how to put on and remove their PPE safely.
- However, we were informed that office staff including management staff and some senior care workers did not always wear masks which puts service users at risk. They also told us management staff only wore their masks on the days that CQC was present at the service. We raised this issue with the registered manager, and they informed us they were following appropriate government guidance in all their procedures.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person said, ""We are safe because the carers are always on hand and it's a better team than before. "
- The service had a safeguarding and whistleblowing policies in place. Staff had completed safeguarding training and knew they had to report any concerns of abuse to their manager. Staff also knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice to the local authority or CQC.
- The registered manager and other management staff understood their responsibility to protect people in their care from harm and to report any concerns of abuse to the local authority safeguarding team and CQC.
- Where there had been any concerns of abuse for example financial abuse, the service had acted to ensure people remained safe.

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 requires improvement. 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 if the provider had met a specific concern we had about the need for consent at the last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to comply with the requirement of the mental capacity Act 2005 (MCA). This was a breach of regulation 11 (Need for Consent) 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 11.

The 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.

- People's rights were protected because staff asked for their consent before supporting them. Both people and their relatives all confirmed that staff asked for they or their loved one's consent before supporting them.
- Records showed that people had signed pre-assessment consent forms and consent to care and support to demonstrate they had agreed to the level of care and support in place.
- The registered manager informed us people using the service could make day-to-day decisions about their care and support needs. Where people were unable to make specific decisions, for example, about their medicines, mental capacity assessments were carried out and with best interest decisions in line with the Act. Where possible, legal authorisation such as a power of attorney was in place as required by law.
- Staff understood the need to work within the principles of MCA. A staff member told us, "I understand that where people have capacity, they can make decisions for themselves. I would never make someone do something they didn't want to do. I let people make their own choices when I support them."

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 requires improvement. 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 if the provider had met a specific concern, we had about care planning at the last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to comply with the requirement of the mental capacity Act 2005 (MCA). This was a breach of regulation 9 (Person-centred care) 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.

- Care and support was planned and delivered to meet individual needs. One person said, "I do have a care plan and sometimes we change it after talking. I'm very happy with that." A relative commented, "My loved one has a care plan and we have both been involved with it, but it hasn't been updated for a while."
- People's care and support plans had been updated since our last inspection. Each person had a care and support plan in place. The care plans contained important information about the support people required with their personal care, nutrition, medicines, behaviours, pressures areas, continence and social activities. It also included information about their health conditions, any allergies and things people liked or disliked.
- Care plans also included information about people's background and their life history to encourage staff to develop a relationship with them.
- The care plans provided staff guidance on how each person's needs should be met. Staff knew people well and gave examples of the specific support they provided to ensure individual needs were met.
- Care plans were kept under regular reviews to ensure people's changing needs were met. Daily care notes we reviewed showed the care and support provided was in line with the care and support planned for.

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 has 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.

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

At our last inspection we found the provider failed to have effective systems in place to monitor and assess the safety and quality of the service, and to maintain records accurately. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had taken action, but the improvements they had made had not been enough at this inspection and the provider was still in breach of regulation 17 (Good governance).

- People and their relatives informed us they felt the service had improved, however some said more could be done in areas including staff punctuality, medicines management and infection prevention and control.
- The service had reviewed and updated people's care records and there was evidence to demonstrate that records management had improved since our last inspection. Despite this, we noted that care plans did not consistently include the right person's names. For example, one person had two other people's names written in their care records. This placed people at risk of receiving unsafe care and support because records were not accurate and reflective of their needs."
- People's records were not always complete. For example, there were gaps in MAR charts and staff did not always complete accident and incident records as required. Also, appropriate risk management records were not always in place.
- The systems and processes in place for assessing and monitoring the quality and safety of the service had improved but the improvements they had made was not sufficient. The service had carried out checks in areas including medicines, finances, care files, staff files and pendant checks. However, the auditing system did not identify all the shortfalls we found at our inspection relating to risk management, medicines and records management.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.
- There was an organisational structure in place and both care and management staff knew of their individual responsibilities.

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

outcomes for people

- The culture at the service was not always positive. People and their relatives had mixed views about the management of the service. One person told us, "I think it is well managed. Well, it's better now." Whilst another person said, "It's not very good here. There is never anyone here who is in charge."
- People told us that office staff including managers could improve on their communication. One other person said, "I have a pendant and use that... It buzzes the office and they answer with a What?" Another person said, "I think the higher managers don't understand, we don't like to be treated like children or talked down to... We get resentful then. We know what we need, but on the whole, they do a good job."
- We had mixed views from staff about the management of the service. Whilst some staff felt supported by their managers others reported issues of favouritism, racism, abuse of power, threats, lack of confidentiality and a culture of bullying and harassment. A member of staff informed us, "I don't always feel supported by managers. There is a lot of favouritism and I don't think the care is up to scratch... Sometimes things are reported to managers, but not being actioned."
- Management staff informed us they had been doing everything possible to improve the culture at the service, but this was proving difficult as they felt some staff wanted to "sabotage" them. The registered manager informed us the service was taking disciplinary and legal actions against certain members of staff to ensure they managed staff expectations."

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

- People and their relatives' views were sought to improve the quality of the service. Regular telephone quality checks were completed to ensure people's views were used to improve the quality of the service. We compared several quality monitoring checks to previous ones completed and we noted that for each one, people's experience had improved, and the feedback received prior to this inspection was generally positive.
- Staff meetings were held to update staff and gather their views about the service. The registered manager informed us daily handover meetings were used to consistently inform staff of their expectations and to follow up on any issues raised.
- We had mixed views about how staff views were sought and acted upon to improve the service. However, all staff agreed the quality of the service provided had improved. A staff member mentioned, "There is a big change now."
- The registered manager understood their responsibility to be open, transparent and take responsibility when things went wrong at the service.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care. The service also worked in partnership with a housing association whose office is based in the same building and with whom they liaised with regularly to ensure people's needs were met.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always identified, assessed and had appropriate risk management plans in place, medicines were not always managed safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always accurate, consistent and complete. The systems in place for assessing and monitoring the quality of the service was not always effective