

# Housing 21

# Monaveen

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Monaveen is an extra care scheme. Staff provided personal care to people living in their own apartments within one large purpose-built building. The service provided support to people with a range of care support needs including physical disabilities, people living with dementia, Parkinson's disease, Huntington's Chorea and learning disabilities. At the time of our inspection there were 33 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### People's experience of using this service and what we found

**Right Support:** Systems for managing medicines were not always consistent and some risks to people had not been assessed. People said they felt safe living at Monaveen. Staff understood their responsibilities for safeguarding people from 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.

**Right Care:** People were not always receiving a personalised service because there remained a high dependency on agency staff who were not all familiar with people's individual needs and preferences. The quality of assessments and care plans had improved since the last inspection but not all staff were referring to these documents when providing care to people. This meant people were at risk of not receiving consistent care and support in line with their care plan. One person told us, "There's no continuity (of staff), what's in the care plan doesn't happen."

**Right Culture:** Difficulties in recruiting and retraining staff had continued and this had a negative impact on people's experience of the service. One relative told us, "They often ring me to say there has been a stranger in to do their care." People, relatives and staff described poor communication and a lack of engagement with the service. A failure to embed quality assurance systems meant improvements seen at the last inspection had not been sustained.

For more details, please see the full report which is on the 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 26 January 2023). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. 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 the provider remained in breach of regulations.

#### Why we inspected

We received concerns in relation to the management of medicines, staffing and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. Following the inspection the provider sent an updated improvements plan showing the immediate actions they had taken following the inspection to mitigate risks we identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Monaveen on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective 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** ●

# Monaveen

## 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

The inspection team consisted of 2 inspectors 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.

#### 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

This inspection was unannounced.

Inspection activity started on 27 June 2023 and ended on 4 July 2023. We visited the location's service on 27 and 28 June 2023.

### 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. We 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 5 people who used the service and 6 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, 2 assistant care managers and 6 care support staff. We reviewed the care and medicine records for 6 people. We looked at a range of records. This included information about staffing, policies and procedures and information relating to the governance of the service.

### After the inspection

The provider sent us information we requested including about staff training, and an action plan showing immediate actions they had taken following feedback from this inspection.



# 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 for this key question has remained 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

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

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- Systems for assessment and management of risk had improved since the last inspection but were not yet fully embedded and sustained in practice.
- The care records for two people identified they had diabetes. Risk assessments had not been completed to identify the level of risk for each person with this condition. There was a lack of guidance for staff including about signs and symptoms that might indicate a rapid deterioration in their health that may require immediate assistance. This shortfall had been identified at the last inspection and it remained that people were at risk of not receiving the support they needed.
- Some people needed support to move around. One risk assessment and care plan identified the equipment needed to support a person to move. There was no detailed guidance about how to support the person safely or in the way they preferred. The person told us they did not always feel safe because some staff were not familiar with how to support them to use the stand aid. The high reliance on agency staff, who were not all familiar with people's needs, increased risks.

The failure to ensure all risks to people were consistently identified, assessed and managed was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider confirmed these risk assessments were now in place.

### Using medicines safely

- Improvements in the management of medicines found at the last inspection had not been sustained. People were not always receiving their medicines safely. Medication errors were frequently recorded. Systems for monitoring administration of medicines were not robust.
- Staff who administered medicines were required to maintain accurate records. Medicine Administration Record (MAR) charts were not always completed. This meant the provider could not be assured that people had received their medicine as prescribed.
- Systems for monitoring MAR charts were not robust and shortfalls had not been identified in a timely way.

This meant the provider could not be assured that appropriate actions had been taken to ensure people's safety. For example, a lack of recording in one person's records related to a care visit that had taken place 9 days before the inspection. As the audit system had not yet identified this lack of recording the registered manager could not be assured the person had received their medicines and there was no record of any actions taken to seek medical advice if the medicines had been missed.

- People and their relatives told us there had been difficulties with accessing their prescribed medicines because systems for ordering and receiving medicines were not robust. One person said, "My biggest concern was the medication, it was a real worry when it ran out." A relative told us, "The medicine was a nightmare, in the end we said we would arrange it ourselves."
- Multiple issues with the supply of medicines had resulted in some people not receiving their medicines as prescribed. The registered manager had reported these incidents appropriately through safeguarding procedures.

The failure to ensure medicines were managed safely was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager confirmed issues with ordering and receiving medicines from the pharmacist had now been resolved.
- Following the inspection, the registered manager confirmed there was increased auditing in place to ensure medicines were safely managed.

### Staffing and recruitment

At our last focussed inspection on 15 November 2022 we recommended the provider consider strategies to improve communication and mitigate the impact of unfamiliar staff visiting people. At this inspection the provider had not made improvements and there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There remained a high number of vacant posts and a heavy reliance on agency staff to cover all the visits to people. The registered manager described taking steps to ensure they had regular agency staff booked to improve continuity. However, this was not always able to be achieved and there remained a high reliance on unfamiliar staff working at the service. For example, on the first morning of the inspection 5 of the 6 care staff on duty were agency staff and 3 were new to the service.
- The lack of regular staff had continued to have a negative impact on the consistency and reliability of the service. One person told us, "Care is sometimes hit and miss. Agency staff don't know people's care needs." A relative described having distressing phone calls from their relation because there were unfamiliar staff attending their visits. They told us, "She often rings me and says there has been a stranger in to do her care. Someone she has never met before, they don't introduce themselves, it's a stranger coming in again. She won't have them shower her now because there is not a regular carer."
- Staff described the negative impact of new agency staff covering care visits alone. One staff member said, "We can guide them if we are on a call together, but they are working alone most of the time and they don't know people. That's why we have had so many medication errors, they don't get the same support as our own new staff."
- The provider had systems to ensure there were enough staff to provide care to people. Procedures for ensuring all staff had the skills, experience and competence they needed were not robust. The registered manager said that a staff profile was provided by the agency to ensure staff had the training and skills they needed for the role.
- Agency staff were provided with a brief induction at the beginning of their first shift at Monaveen. The registered manager said their competency, including to administer medicines, was checked during spot checks. These checks were not consistently undertaken or recorded and this meant the provider could not be assured that all agency staff had the competency and skills they needed to provide safe care to people.



The high reliance on agency staff, who usually worked alone, increased risks to people.

The failure to ensure that all staff had the competency, skills and experience to provide care to people safely was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's recruitment processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Following the inspection, the provider confirmed how competency checks were being undertaken for agency staff.

#### Learning lessons when things go wrong

- There were systems in place to record and monitor incidents and accidents. Staff were aware of how to complete incident reports.
- The registered manager reviewed incident and accident reports to ensure that appropriate actions had been taken. These checks were not always completed in a timely way. The registered manager explained that this was due to the additional pressures of their role due to vacancies for senior staff. We have commented further on this in the well led domain of this report.

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

- People were supported to be safe from risks of abuse. There were effective systems to manage safeguarding concerns promptly and in line with safeguarding procedures.
- Staff had received training in safeguarding people and were able to tell us how they would recognise signs of abuse and what actions they would take to protect people.
- When safeguarding incidents had occurred the registered manager had ensured there was appropriate reporting and actions were taken to ensure people's safety.
- People told us they felt safe living at Monaveen. One person said, "I feel safe because I know the staff will always come if I need them." A relative told us, "A safeguarding was raised when there was a missed visit, I have confidence that they follow things like that up."

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Risks associated with hygiene and infection were identified and managed. Staff had received training and people told us staff were consistently applying good infection control practices.
- We observed staff supporting people appropriately and using good infection control techniques, for example when administering medicines to people. One person told us, "They wear gloves, they wear masks and wash their hands all the time, I have no concerns about that."

# 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 five domain inspection on 17 May 2022, we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

### Staff support: induction, training, skills and experience

At our last five domain inspection on 17 May 2022 staff had not received the training and support they needed. The registered manager had put in place systems to address these shortfalls but these were not yet embedded and sustained in practice and this was identified as an area of practice that needed to improve. At this inspection it remained that staff did not always receive enough support and training to carry out their roles.

- Staff had been recruited to work as care workers and some in more senior roles as assistant care managers (ACM). There had been delays in providing the training and support they needed to be effective in their roles. For example, care staff told us they had received their initial induction training when they joined the service, but they had to continue shadowing staff for months afterwards because there was nobody trained to provide them with a competency check, this meant they could not work alone. New ACM's described a lack of support and training with systems they needed to use.
- Staff told us they had not received supervision regularly, some staff said they had never had supervision meetings. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. The lack of supervision meant the provider could not be assured staff were receiving consistent support and that their practice was regularly reviewed.

The lack of appropriate support for staff was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us information about how supervision meetings would be arranged to support staff.

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

- The care and support people received was not delivered in a consistent way.
- People told us the high use of agency workers had a negative impact on their quality of life. They described how staff were not all familiar with their assessed needs, choices and care plans. One person said, "It's always different carers." Another person said, "It's tiring having to explain and answer questions because the agency staff don't tend to look at the care plan."
- Agency staff confirmed they didn't look at care plans. One staff member said, "I rely on what the person tells me and the notes from previous calls." We observed how a staff member visited a person during their first shift at the service. They did not check the care plan and were not able to find the relevant details within the care records when we asked them about this. They told us, "It's just easier to ask people."

- Improvements in the quality of assessments and care plans were evident since the previous inspection. However, the failure to ensure staff used care plans when providing care meant the support people received was not consistent.
- A relative described the negative impact having unfamiliar carers had on their relation. They told us, "There is a very high turnover of staff, you just get to know them and build a rapport and then they leave."

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

- People were receiving support to have enough to eat and drink.
- Some people needed support with food and drinks, including support to eat their meals.
- People told us staff supported them to make choices and to cook meals where this was included within their care plans. One person told us, "They check what I fancy to eat and tell me what's in the fridge, I can have whatever I choose."
- Some people had risks associated with eating or drinking. For example, a person was at risk of choking. We observed a staff member supporting them at mealtime in line with the guidance in their care plan. The staff member was knowledgeable about the person and their needs.

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

- People were supported to access healthcare services when they needed them.
- One person explained how staff had supported them with a GP appointment, saying, "They offered to call for me and I said, "yes please" to that." A relative said, "They put in extra visits at night because he was unwell, I felt reassured they were monitoring him and would call for medical help if needed."
- Staff described positive working relationships with other agencies, including district nurses. One staff member told us how they had worked with a district nurse when a person needed support with dressings on their legs. The registered manager explained how staff worked with an Occupational Therapist to ensure their understanding of how to support a person to move and use equipment appropriate for their needs.

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.

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.

- Consent to care and treatment was sought in line with the principles of the MCA.
- Staff were able to describe their responsibilities for seeking consent and demonstrated a clear understanding of the principles of the MCA.
- One staff member gave an example of how a decision was made in a person's best interests. Another staff member demonstrated a clear understanding of their responsibility to check the legal status of a person to make decisions on behalf of their relative.
- When consent had been sought, staff recorded this appropriately in people's records.

# 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; Continuous learning and improving care; 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

At our last focussed inspection on 15 November 2022 systems for oversight and governance had improved but were not fully embedded and sustained and records were not accurate and upto date. Improvements we found at the last inspection on 15 November 2022 had not been sustained.

- It remained that systems for oversight and governance were not yet fully embedded and sustained. Shortfalls in care plans, risk management and medicine administration had not all been identified through the provider's systems for monitoring quality. For example, audits had not identified the gaps and inaccuracies in MAR charts.
- Lessons were not always learned to improve care to people. There were systems in place for monitoring incidents and accidents. Monitoring had not identified shortfalls in the management of risks. For example, an incident had occurred when a person became unwell. Although the incident was linked to a deterioration in the person's health, their care plan had not been reviewed and updated to include additional risks and guidance for staff. This meant there had been a failure to make improvements to the care provided to this person.
- The provider had a falls response procedure to guide staff in what actions to take if people had a fall and required medical attention. This included that, whenever possible, staff should stay with the person until a paramedic arrived. A senior staff member confirmed their expectation that staff would stay with a person if they suffered a head injury and needed medical attention. Incident records showed staff were not always following this guidance but monitoring of incidents had not identified this shortfall in practice. This meant there was a failure to learn and make improvements.
- The provider had a complaints system but not all complaints had been recorded. A relative told us about a complaint they had raised but this had not been recorded. The registered manager had addressed the issues but lack of recording meant there was a failure to identify patterns and trends to support improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service was not consistently open and positive. Some staff told us they did not always feel able to raise issues because they felt their views were disregarded. Some staff said they did not feel the registered manager was always approachable. Their comments included, "They can be sharp, best avoided when in that mood," and, "I don't feel able to speak up, I would speak to an Assistant Care Manager instead."
- There were mixed views on how well led the service was. Everyone we spoke with described difficulties with recruitment and retention of staff and the negative impact this had on staff morale, continuity of care for people and the provision of a personalised service. The registered manager described this as the main challenge facing the service.
- People and staff expressed a range of views with regard to the managers and leaders of the service. Some people described poor communication. One person said, "In the last 6 months communication has been poor- it sometimes takes a week or more for them (managers) to get back to me." Another person said, "(Registered manager) is approachable but she can be a bit off sometimes, but I'm not surprised she has a lot to deal with." A third person said, "The manager is sharp and brisk when she speaks to me."

The failure in governance systems to ensure improvements were sustained and failures in communication and engagement with people and staff was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people and relatives spoke highly of the registered manager. Their comments included, "She is a lovely person," and, "The service is well managed, this is the best it's been (with this manager)." A staff member said, "I find the manager is helpful, I always have an answer when I need one. She always says you can call me if you need to."

#### Working in partnership with others

- Staff were working effectively with other agencies.
- Feedback from the local authority included that the service was transparent about issues that arose and had worked with them to develop an action plan for improvements.
- People told us staff were working effectively with other health and social care professionals. For example, when a person needed different equipment to support them to move around the registered manager had worked with the occupational therapist to ensure staff would know how to support the person safely when the new equipment arrived.
- Records showed how guidance from health care professionals was included within people's care plans.
- The registered manager described a positive working relationship with the housing scheme manager. For example, a person with physical disabilities needed the front door to their flat to be changed to improve accessibility. The registered manager had worked with the housing scheme manager to provide a more suitable door.

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  There was a failure to ensure medicines were managed safely and a failure to ensure all risks to people were consistently identified, assessed and managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The failure in governance systems to ensure improvements were sustained and failures in communication and engagement with people and staff was a breach of regulation
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The lack of appropriate support for staff was a breach of regulation