

Housing 21

Housing 21 - Belsize Court

Inspection report

Belsize Court
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Sutton
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17 May 2023

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Housing 21 – Belsize Court is an extra care service providing personal care to people living in their own flats within Belsize Court in Sutton centre. At the time of the inspection 30 people were receiving personal care, most of whom were older people and required support to remain as independent as possible. 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 received the right support in relation to risks and these were assessed appropriately with guidance for staff. There were enough staff to support people safely and in a timely manner. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE). The registered manager was reviewing medicine systems with support from the local authority pharmacist to reduce the number of errors. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The registered manager and staff understood their role and responsibilities. The registered manager engaged and consulted well with people using the service and staff. Staff felt well supported by the registered manager. The registered manager understood their responsibility to notify CQC of significant events as required by law. The registered manager had good oversight of the service and a good understanding of areas for improvement. They had a clear action plan in place to make these improvements.

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

Rating at last inspection

The last rating for this service was good (published 2 August 2018).

Why we inspected

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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

Our inspection was completed by 1 inspector.

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 announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain the consent from people using the service to meet with them to gather their feedback.

The inspection activity started on 17 May 2023 by visiting the provider's office to meet with the registered

manager, staff and people using the service.

What we did before the inspection

We reviewed the information we had received about the service, including any statutory notifications received. The provider completed a provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. We used all of this information to plan our inspection

During the inspection

We spoke with the registered manager and 3 care workers. We reviewed a range of records including care and staff records and records relating to the management of the service. We spoke with 4 people using the service about their experiences of the care provided. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; using medicines safely; learning lessons when things go wrong

- Risks to people were managed appropriately. The provider identified and assessed risks to people, such as those relating to medicines, mobility, falls, fire safety and the home environment. Guidance was in place for staff to follow to reduce the risks and staff were aware of all key information. People were satisfied with the way their medicines were managed.
- Risks assessments had not always been reviewed in a timely manner to ensure information remained reliable for staff. However, the registered manager had a clear action plan in place detailing every out-of-date record and these were being reviewed.
- Medicines management was improving. The service experienced a number of medicines errors in the past year. The new registered manager had an improvement plan in place including working with the local authority pharmacist and improving checks and systems.
- Only staff who had received suitable training, with competency checks, administered medicines to people.
- Staff understood how to respond to accidents and incidents, including how to respond in case a person fell, and received training on this.
- The registered manager was introducing a 'lessons-learnt' review each month to review all incidents, including medicines errors, from the previous month and consider, with their team, how improvements could be made.

Staffing and recruitment

- There were enough staff to support people safely. The registered manager had recruited enough staff to end agency usage to provide more consistency of staff for people.
- People told us staff were usually on time and did not rush them.
- The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification. However, the provider did not always check gaps in staff employment records. The registered manager told us they would train their staff in relation to this and liaise with HR to ensure their recruitment team always checked this.

Preventing and controlling infection

- People received care from staff who followed safe infection control practices. Staff received training in infection control and the safe use of personal protective equipment (PPE) to reduce the risk of infections.
- Staff also received training in food hygiene and people and relatives did not raise concerns about the way staff handled their food and drink.

- The provider carried out regular checks of infection control practices to ensure staff followed current guidance.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff and were encouraged to raise concerns with the service or social services if necessary. A person told us, "I feel very much safe with the staff."
- Systems were in place to protect people from the risk of abuse such as regular training for staff on how to recognise abuse and take the right action. Staff understood their responsibilities in relation to safeguarding.
- The registered manager understood their responsibilities to report to the local authority safeguarding team, follow their guidance and to notify CQC.

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 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.

- The provider assessed people's capacity to consent to their care where it was suspected they may lack capacity and decisions were made in their best interests. Although assessments were not always kept under review in line with the provider's policy, the registered manager had a clear plan in place to ensure all records were reviewed.
- Care workers understood their responsibilities in relation to the MCA and received training in this.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was an experienced manager of adult social care services and understood their role and responsibilities, as did staff. The registered manager was approachable and committed to resolving issues within the team around equality and diversity.
- The registered manager had good oversight of the service. Except for gaps in employment histories, the registered manager was already aware of all the concerns we identified and had a detailed plan in place to improve.
- The registered manager was supported by an operations manager, a housing officer and safeguarding lead and their team which included assistant managers and an activities coordinator. A clear hierarchy was in place.
- The provider had a system of audits to check people received a good standard of care. These included checks of all care records, staff support and training. The registered manager had audited all care files and noted every record which was out of date. A plan was in place to review all records and to keep them up to date.

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; working in partnership with others; 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 told us the provider communicated well with them to check their quality of care. A person told us, "The staff go way above what they should be doing." Staff meetings were held regularly to keep staff informed of service developments and to share learning and knowledge.
- The provider took note of any equality characteristics and recorded them in people's care plans with guidance for staff on how to meet them.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. People and staff told us the registered manager was open and transparent. A person told us, "The registered manager makes the time to speak to me. If I raised a concern I think it would be handled very well."
- The registered manager understood their responsibility to send us notifications in relation to significant events that had occurred in the service such as any allegation of abuse.
- The provider communicated with external health and social care professionals such as social workers,

district nurses, GPs and occupational therapists to ensure people received the care they needed.