

Eldon Housing Association Limited

# Eldon Housing Association Limited

## Inspection report

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Date of inspection visit:  
17 May 2018

Date of publication:  
27 June 2018

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 17 May 2018 and was announced. We gave the registered manager 48 hours to make sure someone was available to meet with us. At our previous inspection of the service in April 2015 we rated the services Good overall and found the service was meeting regulations.

Eldon Housing is an 'extra care' service. Extra care services provide personal care to older people living in their own flats within schemes. Eldon Housing provided personal care to people in three schemes: Lindsay Court and Westdene in Croydon and Joan Nightingale House in West Sussex. Some people were living with dementia and some had physical disabilities. There were 43 people receiving the regulated activity personal care at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had audits in place to monitor and assess the quality of service. However, although audits in relation to medicines management and infection control required improvement. In addition auditing systems to check the service was providing care in line with the MCA required improvement. Staff received training in managing medicines and the provider was planning to introduce assessments to check the competency of each staff member.

There were enough staff to care for people and people received consistency of care from staff who knew them well. Staff were recruited following robust procedures to check their suitability.

Risks relating to people's care were reduced, such as those relating to falls and moving and handling. The provider assessed risks and put management plans in place for staff to follow. Risks relating to infection control were also reduced as staff followed suitable infection control procedures. The provider told us they would introduce robust infection control audits to check procedures always met best practice.

People were safeguarded from abuse and neglect as staff understood the signs people may be being abused and how to respond to keep people safe. Staff were confident to whistleblow if they observed poor practice. In addition the provider monitored significant events such as safeguarding and accidents and incidents to check people received the right support and to see how the service could learn and improve from the events.

People received their choice of food and drink and particularly enjoyed the food served in the restaurants on site. Staff supported people to maintain their health and to access healthcare services where this was part of their care package.

The management and staff did not always know the action to take if they suspected a person may lack capacity in relation to the care, in line with the Mental Capacity Act (MCA) 2005, such as assessing their mental capacity and making decisions in people's best interests. In addition the provider was not always clear on the full process involved in depriving people of their liberty lawfully in an extra care setting. However, they had taken the action required of them by notifying the local authority of people who needed to be deprived of their liberty to keep them safe. The registered manager told us they would improve in relation to these areas.

Staff were supported to meet people's needs through a programme of induction, training, supervision and appraisal.

Staff were caring and treated people with dignity and respect. People were involved in decisions about their care and were encouraged to maintain their independence as far as possible. Staff knew the people they supported and developed good relationships with them.

People's care plans were sufficiently detailed and reliable to guide staff on caring for people. People were involved in developing their care plans.

People were provided with the opportunity to take part in group activities they were interested in. This helped reduce their risk of social isolation.

The provider investigated concerns and complaints and people had confidence in how the provider would respond to any concerns they raised.

The managers and staff understood their role and responsibilities. The provider had systems to communicate with and gather feedback from people and staff.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led. Improvements were required to the governance processes to improve medicines audits, infection control audits and auditing in relating to the MCA.

Leadership was visible across the service and a registered manager was in post.

The provider communicated openly with people, staff and professionals.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 17 May 2018 and was announced. We gave the provider 48 hours' notice of the inspection to make sure someone was available in the office to meet with us. The inspection was carried out by one inspector and one 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

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with two people using the service and two relatives. On the same day as the inspection the expert by experience spoke with four people using the service and two relatives to gather their views via telephone. The inspector visited the head office, Lindsay Court and Westdene. We spoke with the HR director, the registered manager, a scheme manager, two care workers, an activities officer and a chef. We also spoke with a GP who was visiting Westdene during our inspection. We looked at a range of records including three staff files, five people's care plans, records relating to medicines management and other records relating to the management of the service.

# Is the service safe?

## Our findings

There were enough staff deployed to care for people safely. People and relatives told us there were enough staff and staff arrived on time to care for them. Staff and the registered manager also agreed there were enough staff working at the schemes. We observed staff did not appear rushed when providing care to them and staff were visible across the communal areas spending time interacting with people.

People were supported by staff who the provider checked were suitable to work with them. The provider interviewed candidates and the HR team at head office then carried out the recruitment checks. Recruitment checks included candidates' employment history including obtaining references from former employers, checking identification, criminal records and any health conditions which may require reasonable adjustments to the role. The provider also monitored the suitability of staff to care for people during their probationary period. We found the provider retained the recruitment documents on staff files as required by law.

People's medicines were managed safely by staff although we identified an area which could be strengthened. People had no concerns about medicines management. One person told us, "I have my medicines on time, there's no problem at all." Staff received training in medicines administration. The managers observed staff administer medicines to people and the registered manager told us they were planning to introduce medicines competency assessments to check staff had the right level of knowledge and skills. The provider developed 'medicines profiles' for each person for staff to refer to. These set out what each medicine was for and any associated risks. Our checks of medicines administration records (MAR) showed staff recorded administration of medicines appropriately. Our checks of medicines in blister packs showed people received these medicines as prescribed. However, the provider lacked systems to monitor and check whether people received medicines stored in their original packaging as indicated on MAR. Stocks we checked were as expected, although the provider did not routinely record any medicines carried over each month. This meant in some cases the provider may not know the quantity of medicines a person had in their home to enable them to check stocks against the MAR. The provider carried out audits of medicines management although these did not always include stock checks to identify if staff had recorded medicines administration accurately. Although people told us they always received their medicines there was a risk the provider would not be able to identify readily if staff signed the MAR but neglected to administer the medicine they signed for. When we raised this the registered manager told us they would improve their stock checks and checks against medicines records immediately.

The provider assessed and managed risks relating to people's care. One person at risk of falls told us, "I've got a button round me neck. If I've fallen over or anything, they've come quickly." The provider had systems to identify and assess risks including health conditions, moving and handling, falls and the environment. The provider put suitable management plans in place where risks were identified to keep people safe. Risk assessments and management plans remained reliable for staff to follow in caring for people as the provider reviewed them regularly.

Infection control risks to people were also reduced. Staff received training in infection control and used

personal protective equipment (PPE) when providing care and understood precautions to take when handling contaminated waste. We spoke with a chef who had a good understanding of their role in reducing the risk of food-borne infections. Although we had no concerns about infection control we found the provider lacked suitable audits to formally assess infection control risks. The registered manager told us they would introduce suitable audits as soon as possible.

People were safeguarded from abuse and neglect. People told us they felt safe with the staff who cared for them. One person told us, "I feel very safe and I like their attitude." Staff received training in safeguarding adults and understood the signs people may be being abused and the action to take if they had any concerns. Staff also told us they felt confident to 'whistleblow' if they observed poor practice which could put people at risk and the provider encouraged staff to do so. The provider had supported the local authority safeguarding team in investigating a safeguarding concern which was unsubstantiated. The provider had systems to learn from safeguarding investigations, as well as from other significant incidents such as accidents and incidents. The registered manager reviewed each report in relation to a significant incident to check people received the most appropriate support and staff had taken the necessary action. The registered manager logged each incident on a spreadsheet and recorded details as each investigation progressed. The registered manager analysed the data to look for any patterns. For example when the registered manager identified a person was falling frequently they referred them for additional support from the 'falls team'. The registered manager held regular meetings with scheme managers to share learning from significant incidents and to review best practice.

## Is the service effective?

### Our findings

People received food and drink of their choice. One person told us, "They give me my breakfast and I can have what I like. I go to the dining hall for my dinner then they make me something in the evening." Staff provided people with meals when this was an agreed part of their care. Each scheme had a restaurant on site where a chef prepared meals each lunchtime and people were very positive about the food served there. People had full choice of meals and some options available reflected people's ethnic and cultural backgrounds. We spoke with the chef at Lindsay Court who had a good understanding of people's preferences and special diets. Some people also received support in preparing meals in their flats and care plans clearly guided staff on how to meet people's needs.

People received support with their day to day health. One person told us, "I used to fall a lot and they would call an ambulance for me." A relative told us, "Sometimes a carer has felt [my family member] should go to the doctor [and helped arrange it]." Staff were available to arrange for GPs to visit people in their flats as well as other healthcare services such as chiropody and opticians. People's healthcare needs were recorded in their care plans and staff understood these needs. Our discussion with staff showed they understood the individual health care needs of the people they supported.

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. The provider ran a 'dementia unit' in Westdene and told us there were four people who lacked capacity to make decisions related to their care living there. Relatives of those people had legal authorisation (lasting power of attorney for health and welfare, LPA) to make decisions on their behalf. The managers and staff told us there was no reason to suspect any other people lacked capacity. However, our discussions with management and staff showed they did not always understand the process to follow if there was reason to suspect a person lacked capacity, even though all staff received training. The provider did not routinely consider whether people may lack capacity as part of their assessment processes to identify whether MCA assessments and best interest decision making was required. We found the risk the provider had not followed the MCA in relation to people currently using the service was low as staff consistently told us people, besides the four who had LPA, had capacity. However, our findings showed the provider may not always correctly identify people who lack capacity in the future and may not follow the MCA in making decisions in their best interests. We raised our concerns with the registered manager and they told us they would improve their processes.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a separate procedure for services such as Eldon Housing which provide care to people in their own homes, and deprivation of liberty authorisations are made by the Court of Protection. The provider told us there were four people living in the 'dementia unit' at Westdene who required their liberty to be deprived as

part of keeping them safe. Our discussions with management showed they did not always understand the full process of applying for authorisation and the difference between DoLS and deprivation of liberty processes for extra care schemes. However, records confirmed the provider had taken the action required of them in notifying the local authority of the people who required deprivation of liberty authorisations and were awaiting the next steps. This meant although staff did not always understand the full process involved in depriving a person of their liberty in extra care, they had done all they could so people were deprived of their liberty lawfully.

People were supported by staff who received suitable training and support. People felt staff were suitably trained. One person told us, "They put their gloves on and they put cream on very nicely. They must have been trained in it." If new staff lacked background in care they completed the 'Skills for Care' Care Certificate. The Care Certificate is a national qualification developed to provide structured and consistent learning to ensure that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, quality care and support. This meant the provider supported staff to reach the national standards expected of care workers during their induction period. Staff all received training in key topics relating to their role including MCA, moving and handling, safeguarding, fire safety and medicines management. Staff were told us the training was good quality. Staff received regular supervision during which they received guidance on their role and feedback on their performance. Staff also received annual appraisal from their line manager during which their achievements over the year were reviewed and goals were agreed for the coming year.

## Is the service caring?

### Our findings

People and relatives were all positive about staff. Comments included, "They couldn't be better if they were my own family", "They are caring. If I want anything, they'll do it for me", "They're very good and very caring and look after us very well. Anything we want, they see to", "They're marvellous. They pop in early in the morning to bring me a newspaper." A relative told us, "They seem very friendly and caring. Mum used to call me regularly when she was at home on her own, but now she doesn't because her needs are met." We observed staff spending time interacting with people in a caring manner in the communal areas. We saw staff had good relationships with people and staff told us they enjoyed the time they spent interacting with people.

People were involved in decisions about their care. People told us they had full choice in the care staff provided and they were asked before their care began. People had full choice in their daily routines including the time they got up and the time they went to bed.

People were supported to maintain their independence. One person told us, "They help me shower but I do as much as I can." A second person said, "They keep a close eye on me, but I can get on myself." A relative told us, "Staff try and encourage [my family member] to go out of the flat." A person also told us how staff were supportive of them managing their own medicine for the time being and would reassess if they began to struggle in the future. Staff gave us examples of how they supported people to maintain their independence such as encouraging people to be involved in their personal care as far as possible.

People told us staff knew them and a relative said, "They look after [my family member] excellently and they know her well." From our discussions with staff it was clear they knew key information about people such as their backgrounds, daily routines and their interests. People commented on the good consistency of care they received and people told us they received care at the agreed times. The registered manager told us there was a relatively low turnover of staff and this meant people received care from the same staff members who knew them well.

People told us staff respected their privacy and treated them with respect. One person told us, "They look after me very, very well. The bathroom door's closed so I'm not on show or anything." A second person said, "They don't look at you all the time. They do what they have to do and leave everything else to me." We observed staff knocked on people's doors before entering and staff told us they always did this. We observed interactions between people and staff and saw staff spoke with people in a respectful manner.

## Is the service responsive?

### Our findings

People had care plans which were sufficiently detailed to guide staff and people were involved in developing them. One person told us, "I was involved because they wanted to know what I wanted." A relative told us, "Myself and the social worker met with the [provider]." People's care plans were based on their needs and people told us care was carried out in accordance with their plans. In this way people's care was responsive to their needs. People's care plans included information about their preferences, backgrounds, family and religious beliefs to help staff understand them better. People's care plans were regularly updated as people's needs changed and so were reliable in guiding staff in providing responsive care.

At each scheme people were able to participate in a range of group activities which helped reduce their social isolation. Activities officers worked at each scheme who supported people to develop activity programmes they were interested in. During our inspection we observed people actively participating in a quiz led by the activity officer. Other scheduled activities included trips out for fish and chips, exercises, singing, arts and crafts and bingo. Professional entertainers also visited the schemes frequently. The schemes also involved people in celebrating significant events such as Christmas and Easter. During our inspection we saw people at Westdene decorating the communal lounge in preparation for the Royal wedding. The provider held events such as coffee mornings to raise money for charity and in this way played a role in the local community.

People knew how to make complaints and felt comfortable doing so. One person told us, "I could complain if I needed to but I've no complaints at all." A second person told us, "I would go to the manager and she'd listen to me, but I haven't had to complain." A third person said, "We have special complaint forms downstairs, but I've got nothing to complain about." The provider responded appropriately to any concerns or complaints. The scheme managers kept records of all concerns and complaints raised and these were forwarded to the registered manager to review. We viewed records of complaints and concerns at Lindsay Court and found the provider had carried out investigations and responded to the issues raised appropriately. People were guided on the complaints process in information they received about the service when they began receiving care.

## Is the service well-led?

### Our findings

Our inspection showed, although the provider was meeting key requirements in most areas, they required improvement in relation to medicines and infection control audits and in auditing processes relating to the MCA.

People and relatives found the service to be well-led. One person told us, "Everything runs smoothly and everything's as it should be and we know what we're doing." A second person said, "I reckon it's well-led because if you're not too well, all you've got to do is press your alarm bell and up pops somebody." A relative told us, "The lead staff member is always there when I want to speak to her."

Leadership was visible and competent with a stable management team and the registered manager had been in post for many years. Our inspection findings and discussions with the registered manager showed they understood their role and responsibilities, as did other scheme managers. The scheme managers met regularly to share learning and best practice with each other. Shifts were planned in an organised manner with clear delegation and staff had a good understanding of what was expected of them. Staff were positive about the management team and told us the managers were very supportive. The managers worked closely with staff which enabled them to monitor the culture of the service and the attitudes of staff.

The provider monitored the service to check people received a good quality of care. The managers carried out regular observations of staff caring for people to check they supported people in the best ways possible. The provider audited aspects of the service including care plans and risk assessments, training, support and supervision and recruitment documents. Senior managers, including the registered manager, met regularly to review the services. In addition the senior managers monitored complaints and significant incidents including any allegations of safeguarding.

The provider encouraged people and staff to share their views on the service. The provider held regular meetings with people and staff to find out their more about their experiences and suggestions for improvement. These included 'tenants meetings' and 'tenants committee's' which included discussions about how to stay safe, the quality of the meals provided in the scheme restaurants and planned purchases. The provider also held a quarterly staff forum where representatives from each scheme met to discuss any staff issues and to plan improvements to the service. The provider also sent questionnaires to people and staff each year to find out their levels of satisfaction. The HR director told us how the provider had improved issues identified in previous surveys, such as communication from senior staff. The provider published a quarterly newsletter to share organisational developments and good news across the organisation. The provider met with the local authority regularly to discuss placements and other issues relating to the extra care schemes.

The provider had a staff reward and recognition scheme to help staff feel valued and prizes were awarded for making a difference to people's lives.

The provider submitted notifications of significant events, such as allegations of abuse, as required by law.

This helps us to monitor services and to plan inspections.