

Housing 21

Housing 21 - Cedar Court

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Housing 21 – Cedar Court is specialist 'extra care' housing providing personal care to 40 people. At the time of the inspection 35 people aged 55 and over received care. People live in flats across three floors of the service which is located in the London Borough of Lewisham.

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

People received their medicines as required. The provider had updated and reviewed their medicines audits, policy and processes. The current medicines management systems ensured people had sufficient stocks, accurate records and safe medicines administration to meet their individual needs.

There were new processes in place for staff handling people's money to reduce the risk of financial abuse. This helped to identify and mitigate any risks appropriately.

People and staff communicated well. People and their relatives told us care workers were helpful to them and provided care and support as they chose.

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.

People and staff were complimentary about the management of the service. Quality monitoring of staff practices and service records were completed to ensure these were of good standard.

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 (report published on 6 May 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to check on a specific concern we had about people being treated with dignity and compassion. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service until we 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?

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 whether the Warning Notice we previously served had been met.

We will assess all of the key question at the next comprehensive inspection of the service.

Inspected but not rated

Is the service caring?

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 whether the concerns we found about the lack of compassion and caring by staff had been met.

We will assess all of the key question at the next comprehensive inspection of the service.

Inspected but not rated

Is the service well-led?

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 whether the Warning Notice we previously served had been met.

We will assess all of the key question at the next comprehensive inspection of the service.

Inspected but not rated

Housing 21 - Cedar Court

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and check on a specific concern we had about a lack of dignity and compassionate care had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

Inspection team

One inspector and inspection manager carried out this inspection.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Notice of inspection

This inspection was announced.

What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return 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 spoke with the registered manager, a senior manager and two care workers. We reviewed a range of

records. This included six people's care records and multiple medicines records. We looked at quality assurance and audit records in relation to medicines and the safety and quality of the service. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with seven care workers. We looked at medicine management and quality assurance records. We spoke with one professional who regularly visit the service.

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 inadequate. We have not changed the rating of this key question, as we have only looked at the parts of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and met the specific concerns we had about the management of people's medicines and protecting people from financial abuse. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

- The provider had systems in place to ensure people had access to sufficient medicines. Staff were trained in the new medicines systems to ensure people had their medicines administered as required to meet their individual health care needs.
- The provider's medicines policy had been reviewed and updated so ordering, recording and delivery of people's medicines were more robust. Where necessary, staff ordered delivered and/or collected people's medicines on a monthly basis. One person said, "The [care workers] come to me and help with my medicines when I need it, I have no problems" and a relative added, "They give [my family member] their medicines on time, which is great so I don't have to worry about him/her not having them."
- The registered manager trained staff to develop their knowledge to understand and work according to new medicines systems. Staff were retrained in how to clearly record on the medicine administration records and report any concerns about people's medicines promptly. Staff told us the new MARs charts were user friendly and improved their recording on them.
- The registered manager had in place a system to detect any errors and manage these quickly.

Assessing risk, safety monitoring and management

- The provider had systems in place to reduce the risk of avoidable harm of financial abuse.
- People were supported by staff to buy shopping if this was arranged as part of their package of care. One person said, "Staff do my shopping and to get all the things I want from the shop" and a relative told us "[Care workers] buy shopping for [my family member] so they always have food available."
- Staff completed people's financial records. Staff recorded when they received, spent and returned people's money. All receipts were attached.
- Senior staff audited each person's financial records each week to ensure they were accurate. The registered manager also completed audits of financial records which helped to identify any errors so these could be promptly resolved and discussed with the staff team to improve recording. We will check the consistency and robustness of the quality assurance systems when we next carry out an inspection visit.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 a specific concern we had about staff not being respectful and compassionate when providing care and support to people. We will assess all of the key question at the next comprehensive inspection of the service.

Ensuring people are well treated and supported

- Staff cared for and supported people in a compassionate, supportive and caring way.
- People and relatives gave positive views on whether staff treated them with respect. We found the comments from people and relatives were complimentary about staff and noted people received care and support in the way they wanted, with kindness. Comments included, "Staff come and see me and do their job as they should but we always have a laugh and a chat while they are working. Two relatives said, "The staff are amazing with [my family member] I couldn't ask for anything better. [My family member] has lived here a long time and they know staff well" and "I wouldn't want [my family member] to live anywhere else, this place is good for them."
- Staff understood their role in providing care and support so people felt respected. Comments included, "I love being here" and "I feel I am now able to do a good job for the customers."
- The registered manager arranged training for staff to help them develop their skills in providing safe and compassionate care, so people received appropriate support to meet their needs.

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. We have not changed the rating of this key question, as we have only looked at the parts of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served about the management of the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People said the management of the service had improved and they knew which members of staff to contact if they needed. People were clear about the management structure of the service and who they could report any concerns to. One person said, "I know the manager, if she is not there then I can talk to one of the senior care workers" and a relative said "Things have improved since the manager has come along, the care is much better, I've noticed the difference."
- The feedback from people demonstrated staff attitudes towards providing care had positively improved which had helped provide good outcomes for people.
- The registered manager held meetings which provided staff with the opportunity to share their views and knowledge or express any concerns they had.
- The provider had increased their communication with staff. Staff received the provider's newsletter and the registered manager shared information about the service, including infection control and prevention practice during meetings. Staff were encouraged to attend the provider's staff forum where information and areas for improvement were shared and discussed.
- Staff were complimentary about the management of the service and they said they felt more supported in their jobs and were listened to. From our discussions with staff they told us their confidence had improved and felt the whole staff team were more supportive with each other. Comments included, "Since [the registered manager and the provider's managers] took over, the support level is excellent", "The registered manager is fine, someone you can talk to. Once you go to them they always make time" and "New management has definitely improved the service. Best we've had in a while."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had monitoring systems in place to check the quality and safety of the service. Senior care workers and the registered manager had followed quality assurance processes to ensure audits were effective and identified any concerns with the care and support provided to people.
- The registered manager had implemented robust checks on people's financial records and medicine administration records to identify errors and take immediate action to resolve them. Senior care workers

audited each record. The registered manager completed a final check of these records to ensure staff were carrying out their jobs in a safe way.

- The registered manager demonstrated they had ownership and oversight of the quality of care provided and of the management of the service. Records showed any concerns with the quality of care and care records were identified, managed and shared with staff to drive improvements.
- The provider understood their responsibilities regarding the duty of candour and to share information when concerns were raised or when things went wrong. A social care professional told us, "[The registered manager] has been really transparent and engages well with us and are able to provide information about the service when I have asked without delay. There have been some good improvements in the management of the service and staff and people are happier."
- The registered manager had acted to improve the service, and to seek support and advice to ensure people receive good quality care.