

Housing 21

Housing 21 - Cedar Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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 lived in self-contained flats across three floors of the service which is located in the London Borough of Lewisham.

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 gave mixed views about the quality of care they received. People and relatives were complementary about the care staff, but some felt their individual care needs were not always met by the service if this was not written in their daily care plan.

People did not always receive their medicines as required or as prescribed.

Staff were knowledgeable in the provider's safeguarding procedures, understood abuse and how to report concerns about a person's safety if they were at risk of harm and 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.

There were enough staff available during each shift to deliver care and support in line with people's assessed care. The manager monitored the service and the of quality of care people received. 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 inspected but not rated (published on 21 November 2020).

Why we inspected

This was a planned inspection based on the previous rating. We had concerns about the management of the service because the management team had changed since the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain 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 changed to requires improvement. This is based on the findings at this inspection.

Enforcement

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 have identified breaches in relation to Safe care and treatment, Good governance and Person centred care. Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe 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 ●

Housing 21 - Cedar Court

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector, an inspection manager and two Experts by Experience carried out this inspection. 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 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.

The service had a manager, but they were not registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. Inspection activity started on 23 February 2021 and ended on 01 April 2021. We visited the office location on 01 April 2021. We gave the service 48 hours' notice of the inspection. We needed to be sure that the provider or manager would be in the office to support the inspection.

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 manager, senior manager and five care workers. We reviewed a range of records. This included five people's care records and multiple medicines records. A variety of records relating to the management of the service, including policies and quality of the service, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five people who used the service and seven relatives about their experience of the care provided. We looked at medicine management and quality assurance records. We spoke with one professional who regularly visited 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 inspected but not rated. At this inspection this key question has now changed to 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.

Using medicines safely

- Medicines were not always managed in a safe way to meet people's individual needs. One relative told us their relative should have prescribed cream applied to their legs and feet every day, due to a skin condition, but this was not recorded as administered on the medicine administration record (MAR). When we discussed this issue with the manager, they told us that the pharmacist failed to include the cream on the MAR chart and staff did not apply the cream. We found the manager had not applied the medicines policy to ensure all medicines were accurately included on the MAR and that action had not been taken to ensure this error was rectified promptly. There was a risk of the person's health condition deteriorating, because it was not managed well.

This placed people at risk of harm and was a breach of Regulation 12 (safe care and treatment) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

- On other occasions medicines were administered to meet people's needs. A relative said, "The carers give [my relative] his medication. Everything is fine regarding the medication. We had a problem a couple of years ago but that was resolved." There were systems, a medicine policy and processes in place for the management and ordering of medicines so people had access to them.
- Staff were trained in the safe administration of medicines. A medicines competency assessment was completed before staff were assessed as safe to support people.
- Medicine administration records (MARs) were not always completed accurately. MARs were used by staff to record when a medicine was given. The manager audited all MARs to ensure these were accurate. However, the medicines audit did not find the concerns we found regarding the medicines that were not administered.

Staffing and recruitment

- Enough staff were available to support people. The staff rota showed people received their planned care. A relative said, "Numerous times when I've been [visiting my relative], it's always been the same two carers who have come" and "There are about six or so different carers. [My relative] is getting to know them all, and they know [my relative]."
- Staffing levels were determined based on people's individual care needs and the level of support they required.
- Staff were employed once they were vetted through a robust recruitment process. Pre-employment checks were completed and returned before staff were employed to work with people. Staff had employment checks that included job references, proof of the right to work in the UK and a criminal record

check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

Assessing risk, safety monitoring and management

- Risk assessments were completed with people and appropriately identified risks and the potential impact on the person's health and well-being. For example, we saw risk assessments that identified risks relating to people's ability to walk independently, sensory impairment, medicines, falls, self-neglect and nutritional needs.
- Risk management plans were in place to manage those risks found. Detailed guidance was available to staff on how to support people safely which helped to reduce risks. These plans were regularly reviewed and updated by staff to ensure the care and support delivered was safe and met people's individual needs.
- Staff completed a general home risk assessment and areas for improvement were identified and discussed with the person using the service. This assessment helped to manage any home environmental risks and to ensure their home was safe for the person and for staff to work.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe receiving care and support from staff. One person said, "I do feel safe with the staff that come to care for me." The provider's safeguarding processes and policies provided staff with detailed information to protect people from and to reduce the risks of avoidable harm or abuse.
- Staff understood their responsibilities to act on abuse. Staff described different types of abuse and how they would report this to the manager or the Care Quality Commission (CQC) when required.
- Staff ensured all allegations of abuse were reported appropriately. Allegations of abuse were reported to the local authority for investigation. This was in line with local safeguarding procedures.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 inspected but not rated. At this inspection this key question has now changed to 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.

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

- People and relatives were asked for their feedback about the quality of the service. Feedback showed people were happy with the care received. However, we found that the contact details for people and relatives were incorrect despite requesting updated details. We discussed this issue with the manager who began to review people's and their relative's contact details to ensure they would be able to communicate with people and their relatives effectively.
- We found that provider's quality assurance and monitoring systems were not always effectively implemented. We found a breach of regulations relating to medicine administration. Audits had not identified these failures and therefore the manager had not taken action to resolve them.

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

- There were regular staff meetings held at the service. This enabled staff to meet and discuss changes in the service, people living in the service and any changes in relation to COVID-19 guidance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles in the service to provide safe and compassionate care and support to people. Staff said that since the last inspection staff morale had improved. Comments from included, "The last registered manager was very approachable" and "This new manager needs our support so things can continue to improve here."
- The provider understood their responsibility to notify the Care Quality Commission of incidents that occurred at the service, as required by law.

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

- People and their relatives said staff did not always provide care and support to meet their individual needs. For example, a relative told us that care workers only completed tasks that were scheduled for that day. They informed us of an incident where their relative had soiled bedding that needed to be washed. However, this request was refused by staff because the person was not scheduled to have their laundry

completed on that day. We discussed this with the manager, who said that due to Covid-19, staff were prioritising personal care visits for people and could not undertake additional domestic calls. A letter was sent to people and relatives dated 17th December 2020 that stated, 'Laundry calls will be reduced'. However, a senior manager also told us soiled bedding should not be left unwashed and care workers must complete the laundry in these circumstances. The senior manager also said this issue had not been reported to them, so they had not been able to take action.

This was a breach of regulation 9 (Person Centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new manager had been employed at the service since the last inspection. Senior managers were providing onsite support to the manager and they had completed an induction into the service. This enabled them to become familiar with the service, people and the staff.
- The managers encouraged positive effective team working in the service. Staff completed daily handover meetings during each change of shift and shared new information to help them care for people accurately.
- Essential visits from professionals, friends and family continued to occur during COVID-19 restrictions. This helped people to continue to receive appropriate care and support and reduce the risks of social isolation.
- Staff took action to meet people's equality characteristics. Care records provided information about people's cultural and religious needs. Daily records showed when a person wanted to attend a religious service, care and support was re-organised and staff supported them earlier than planned so they could attend the service which met the person's individual needs.

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 manager understood the principals of the duty of candour. They understood it was their responsibility to share information when concerns were raised or when things went wrong.
- The provider and management team notified the CQC and the local authority of events, such as safeguarding and serious incidents as required by law.

Continuous learning and improving care

- The provider supported the manager to continuously develop their own managerial knowledge and skills. The manager had the opportunity to meet with other managers and share new information gained with the staff team for the improvement of the service.

Working in partnership with others

- The service worked in partnership with health and social care professionals and with the local authority that commissioned the service. This enabled people to receive ongoing care to meet their individual needs.
- External social care services commissioning team monitored the care and support to ensure it was of a good standard and met people's needs. We received positive comments from a professional who said the service had improved their communication with them and contributed to virtual monitoring.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure service users received care and support that met their individual needs.</p> <p>9 (1)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure service users received their medicines to meet their individual needs.</p> <p>12(1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure service users records were updated and accurate.</p> <p>The provider failed to have effective systems in place to identify and act on service users concerns.</p> <p>17 (1)(a)(b)(c)(d)(e)</p>