

Housing & Care 21

Housing & Care 21 - Belsize Court

Inspection report

Belsize Court
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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

We carried out an unannounced comprehensive inspection of this service on 12 May 2016 at which we rated the service 'Requires improvement' and found breaches of two regulations. These related to providing safe care and treatment, particularly in identifying and managing risks to people's safety and good governance in relation to systems to review service quality. We undertook an announced focused inspection on 25 October 2016 and found they were then meeting legal requirements. At our comprehensive, announced inspection on 21 April 2017 we found the service was breaching regulations relating to medicines management and assessing risks to people, caring for people in line with the Mental Capacity Act 2005 (MCA) and also good governance. We rated the service requires improvement again and issued the provider with two warning notices in relation to the repeated breaches of safe care and treatment and good governance.

This inspection took place on 26 July and 2 August 2017 and was announced. We gave the provider 48 hours' notice to ensure a representative from the management team would be available to speak with us. At this inspection we found the provider had met the requirements of the two warning notices we issued to them. The provider was also no longer breaching the regulation relating to the MCA.

Housing & Care 21 – Belsize Court is an extra care scheme. Belsize Court has a total of 63 flats for people aged 55 years and older. Thirty people using the service at the time of the inspection were receiving support from staff with their personal care, the majority of whom were living with dementia and some had other complex mental and physical health needs. Both the housing service and the care service were provided by Housing & Care 21.

The service did not have 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. At our previous inspections we found the service also did not have a registered manager. The manager who had been in post had begun the process to register, however, they resigned a few days before we announced our inspection due to personal reasons. The provider was recruiting for a new manager who would register with us.

People's medicines were managed safely by staff as the provider had made improvements to medicines management. They contracted a new pharmacy who supplied medicines administration records printed with prescriber's instructions. Previously staff recorded the prescriber's instructions by hand and we found this led to recording errors which meant people did not always receive their medicines as prescribed. This improvement meant the risks of recording errors were reduced and medicines management was now safer.

The management team had reviewed their processes to assess whether people required authorisations of deprivations of liberty by the Court of Protection as part of keeping them safe. The provider had liaised with the local authority to request they make authorisations for people where required.

Risks to people were reduced as the provider now identified and assessed risks to people appropriately, putting management plans in place to mitigate these.

The provider implemented a robust action plan to assess, monitor and improve the service in relation to the concerns we identified at our previous inspection.

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 provider had made improvements in this area. The provider now managed people's medicines safely. Risks to people were assessed properly and suitable management plans were put in place to mitigate these.

We have not changed the service's rating from 'requires improvement' as we need to see consistent improvements over time.

Requires Improvement ●

Is the service effective?

The provider had made improvements in this area. The provider now assessed whether people required deprivation of liberty authorisations as part of keeping them safe, and requested the local authority to assess and arrange these authorisations.

We have not changed the service's rating from 'requires improvement' as we need to see consistent improvements over time.

Requires Improvement ●

Is the service well-led?

The service had made improvements in this area. The provider had developed and followed an action plan to improve the service in response to our previous inspection. This meant the service assessed, monitored and improved the service.

However, there remained no registered manager in post.

We have not changed the service's rating from 'requires improvement' as we need to see consistent improvements over time.

Requires Improvement ●

Housing & Care 21 - Belsize Court

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced focused inspection was undertaken by a pharmacy inspector on the 26 July and an inspector on 2 August 2017. We gave the provider two days' notice to make sure there was a member of staff available to speak with us. This inspection was arranged to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in May 2017 had been made. We inspected the service against three of the five questions we ask about services: Is it safe? Is it effective? Is it well led?

Before our inspection we reviewed information we held about the service. This included the action plan the provider sent us after our last inspection and statutory notifications received from the provider relating to incidents the provider must tell about us by law, such as allegations of abuse.

During our inspection we spoke with two people using the service, three relatives, the team leader, three care workers, the extra care manager and the regional support manager. To assess how the service managed medicines we looked at eleven people's medicines administration records (MARs) and other records relating to medicines management. We also looked at five people's risk assessments and risk management plans and other records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection in May 2017 we found people's medicines were not managed safely by the provider. Staff recorded the prescribers instructions on the medicine administration records (MAR) by hand and there were no processes for checking information was transcribed accurately. We found many recording errors on people's MAR which resulted in people not receiving their medicines as prescribed. Staff did not always administer people's medicines on time and did not seek medical advice when staff administered a medicine two days late. Records could not be relied upon to understand the medicines staff administered people as staff did not record the dose of medicines administered where the dose was variable, such as one or two tablets of paracetamol. In addition staff did not make records of medicines returned to the pharmacy which was against the provider's own policy for dealing with medicines.

During our inspection in May 2017 we found staff were not always identifying and managing risks to people's safety. We identified the risk assessment process did not always identify risks to individuals for which they required support to stay safe, and management plans were not in place to guide staff on how to support people to reduce these risks. These included risks relating to the management of medicines, malnutrition, alcoholism, skin breakdown due to incontinence, aggressive behaviours and risks relating to catheter care. This issue was a repeated failing of the provider as during our May 2016 inspection we found staff had not consistently identified, managed and mitigated risks to people's safety. Appropriate assessments and management plans were not in place for risks such as falling and in relation to moving and handling. At our inspection in October 2016 we found the provider had reviewed and updated assessments to identify risks to people's safety and put risk management plans in place for staff to follow in supporting people.

The issues relating to poor medicines management and risk assessment processes were a breach of the same regulation of 'safe care and treatment'. This was the second time we found the provider to be breaching this regulation. Because of this we issued a warning notice requiring the provider to be compliant by 31 May 2017.

During this inspection we found the provider met the requirements of our warning notice relating to medicines management and staff now managed people's medicines safely. The provider had changed the pharmacy supplying medicines for people and the system had improved. The pharmacist printed MAR for people which removed the issue of staff making recording errors when transcribing the MAR by hand which we found previously. We checked MAR for five people and these indicated people were receiving their medicines as prescribed. However, we did find some omissions where staff neglected to record medicines they administered to people. Our checks of the monitored dosage system indicated people still received their medicines as prescribed in these instances. The extra care manager had arranged a meeting with care workers to discuss these omissions, to find out more from staff about why they had occurred and what additional support staff required to prevent reoccurrence. The provider had also reviewed the responsibilities assigned to senior staff and had assigned a senior staff member to check MAR for people during each shift to help reduce recording errors such as omissions. In addition, since our inspection the provider had reviewed processes for returning medicines to the pharmacy and now made records of these and we found records of medicines disposals were now robust.

People were supported by staff who had completed training in medicines management and had been assessed as competent by the provider. Staff we spoke with told us they felt more confident in administering medicines since the new medicines systems had been implemented and they found the training and competency assessments to have been beneficial to their management of medicines. The provider had also introduced a 'medication/ health concerns' form on which staff were to record any issues they identified, such as medicines errors, to be passed to senior managers for resolution although these were not in use at the time of our inspection.

During this inspection we also found the provider had taken sufficient action to identify risks to people to meet the requirements of this part of the warning notice. The provider ensured risks to people were properly assessed and action taken to mitigate risks. The team leader told us they had reviewed all risk assessments required for eight people and had also reviewed medicines risk assessments for 15 people. We viewed two risk assessments and saw the provider identified and assessed risks to people appropriately and put suitable management plans in place for staff to follow.

The team leader told us they would review the risk assessments for all other people by the end of the week. We specifically requested sight of risk assessments for two people after the inspection and the provider sent these to us and we found these were suitable. For example, the provider put risk assessments in place in relation to alcoholism, skin integrity and malnutrition with suitable risk management for staff to follow when caring for people, which we found were not in place at our previous inspection.

Is the service effective?

Our findings

At our May 2017 inspection we identified a breach of the regulation relating to safeguarding people. This was because the provider had not assessed whether any people were likely to require authorisations to deprive them of their liberty as part of keeping them safe and so had not initiated any applications to do so in line with the Mental Capacity Act 2005 (MCA). We found there were several people who may have been subjected to restrictions which could have amounted to them having their liberty deprived unlawfully.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). A similar process applies to supported living services such as this extra care scheme although deprivations of liberty for these types of services are authorised by the Court of Protection, not the local authority.

After our inspection the provider wrote to us with their action plan setting out how they would become compliant with this regulation. They told us they would contact the local authority to request they assess people they felt required deprivation of liberty authorisations to be in place. The provider had also arranged training for staff to take place in August 2017, after our inspection.

At this inspection we found the provider had taken the action they set out in their action plan and was now compliant with this regulation. This meant the provider had taken sufficient action to ensure people were cared for in line with the MCA. The provider had met with the local authority who had requested they send applications in batches of ten a time. The provider had sent ten applications to the local authority and was awaiting assessments to take place to determine whether applications to the court of protection were required to deprive people of their liberty lawfully.

Is the service well-led?

Our findings

At our inspection in May 2016 we found a breach relating to 'good governance'. There was a lack of consistent management oversight with insufficient systems to review aspects of service delivery. There was also no registered manager in post. However, at our inspection in October 2016 we the provider had improved systems to review the service and was no longer in breach of the good governance regulation. There was also a manager in post who had begun their application to register with us.

At our last inspection in May 2017 we identified the provider was again breaching the regulation relating to 'good governance'. This was because although the provider had a range of audits in place to assess and monitor the safety and quality of the service provision, these had not identified the concerns we found such as those relating to medicines management, risk assessments and deprivation of liberty. There was also no registered manager although the same manager was in post as at our October 2016 inspection who was continuing the process of registering with us.

We issued a warning notice requiring the provider be compliant in relation to the good governance regulation by 31 May 2017.

At this inspection we found the provider had met the requirements of the warning notice. The provider had developed a robust action plan in response to our findings and had carried out the identified actions to ensure they improved the quality of care provided to people. The provider increased the management resources at the service to support staff in meeting the schedule for improvements set out in the action plan. In addition the extra care manager continued to visit the scheme most weeks and was in regular contact with the management team to provide additional support. This additional management support and oversight meant significant improvement had been made to provide care in line with the MCA. The provider's action plan also showed they had improved the training programme to staff and this now included catheter training and dementia awareness as we identified these training courses were lacking at our last inspection. The provider had also reviewed people's care plans to ensure the information in them was accurate and in line with the actual care provided.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. A manager had been in post who we met at our inspections in October 2016 and April 2017. They had begun the process to register with CQC but had not yet completed this process. A few days before we announced our inspection the manager resigned from their post due to personal reasons. The extra care manager told us they had already begun to recruit to the post and we confirmed management support was in place in the meantime.