

# Housing 21

# Monaveen

## 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

Monaveen is an extra care scheme. Staff provided personal care to people living in their own apartments within one large purpose-built building. The service provided support to people with a range of care support needs including physical disabilities, people living with dementia, Parkinson's disease, Huntington's Chorea and learning disabilities. At the time of our inspection there were 34 people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support: People told us they felt safe living at Monaveen and described an improving situation. One person said, "On the whole, it's all good here." There remained some shortfalls and omissions in the provider's system for managing risks to people. Records were not always up to date and accurate and this increased risks that people might not receive care and support in the way they preferred or needed.

There were enough staff to care for people safely but there was a high reliance on agency staff which meant that people did not always receive a consistent, timely service from staff who were familiar with them. One person told us, "The main issue here is the lack of regular staff." There was a plan in place for recruitment to vacant posts. Following the inspection the provider confirmed 2 new staff had started and a further 5 posts were being filled.

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.

Right Care: Staff were not consistent in their understanding and approach to some aspects of infection prevention and control. We have made a recommendation to the provider about infection prevention and control.

Staff demonstrated a clear understanding about how to safeguard people from risks of abuse. People and their relatives spoke highly of the staff and described a kind and caring approach. One person told us, "The staff are kind, caring and very respectful."

Right Culture: Systems for management oversight had improved but were not yet fully embedded and sustained, there remained some shortfalls in quality assurance. The registered manager described work in progress to make improvements at the service and feedback from people, relatives and professionals indicated the service was continuing to improve. One person said, "They are just getting better and better." Another person told us their biggest priority was, "To feel safe and remain independent," they said living at

Monaveen helped them to achieve this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 August 2022) and there were breaches of regulations. At this inspection we found some improvements, but the provider remained in breach of one regulation.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We carried out an unannounced comprehensive inspection of this service on 17 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Monaveen on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement and Recommendations

We have identified a continued breach in relation to management of risks to people at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

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** ●

# Monaveen

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by two inspectors and an 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.

#### 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 unannounced. Inspection activity started on 10 November 2022 and ended on 21 November 2022. We visited the service on 15 November 2022.

### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people who used the service and 7 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager and care support staff. We reviewed the care and medicine records for 7 people. We looked at a range of records. This included information about staffing, policies and procedures and information relating to the governance of 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. People had not always been supported to receive their medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- At the last inspection there was a lack of information to support people to manage risks relating to their health and there were failures in the management and administration of medicines. At this inspection some improvements had been made in how risks were managed and in the administration of medicines. However there remained some shortfalls and inconsistencies in systems.
- For example, some people had health conditions such as Chronic Obstructive Pulmonary disease (COPD) and diabetes. Risk assessments and care plans did not include signs and symptoms that might indicate a rapid deterioration in their health that may require immediate assistance and there was no guidance for staff about the action to take. The high reliance on agency staff meant that not all staff knew people well and this increased the risk that changes in people's health might not be identified.
- Care plans provided guidance to enable staff to support people with personal care, aspects of daily living and where required, to manage health concerns. There was inconsistent information in some risk assessments and care plans, this meant that staff may not have all the information they needed to care for people safely. Staff told us they had not been able to review and update care plans consistently and some information was out of date or inaccurate.
- For example, a care plan identified a person was at risk of developing pressure areas but there was no risk assessment or guidance for staff in how to support the person with this risk. When we spoke to staff, they believed this was a mistake and the risk for this person was low. Their care plan had not been reviewed and updated to ensure it provided accurate information for staff.
- At this inspection improvements had been made to the way people received their medicines and to people's medicines care plans and risk assessments. However, some improvement was still required.
- For example, we reviewed the medicine administration records (MAR) for a person with Parkinson's disease and these reflected their medicines were not always administered at the correct time. Staff who administered medicines were not familiar with the importance of administering Parkinson's medicines on time or the potential negative impact for the person if the prescriber's instructions were not followed. This information was not reflected within their medicine care or risk management plans. We did not identify any negative impact for the person, but this was an area of practice that required improvement.
- People did not always have access to their prescribed medicines. The senior care team told us they had

been experiencing delays with the GP sending prescriptions to the pharmacy and pharmacy stock. There was no evidence of a negative impact for people, however processes were not in place to monitor people's well-being when prescribed medicine were not available. This was an area of practice that required improvement.

- The provider's auditing system had not identified these omissions and shortfalls. We have addressed this further in the Well-led section of this report.

Systems had not been established and embedded to assess, monitor and mitigate risks to the health, safety and welfare of people using the service and to ensure medicines were managed safely. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some improvements in risk management processes supported the management of known risks to people. This included where there were risks to people's personal safety, the risk of choking on food, and where people had a history of poor skin integrity leading to pressure ulcers. This meant these risks to people were assessed and managed and people were protected from avoidable harm.
- People and their relatives told us they felt safe living at Monaveen. A relative told us about their relation saying they were, "Very safe and happy here, their quality of life is so much better." Another relative told us, "Risks are managed extremely well. The staff seem to have the necessary knowledge."
- There were improved processes to identify and respond to pharmacy errors and delays in a timely way. This reduced the impact of people being without medicines and the risk of medicine errors occurring.
- Medicines were stored safely and administered by trained staff. Spot checks were used to assess staff competencies and knowledge to administer medicines. Some people required staff to prompt them to take their medicines and some needed staff to administer them. People told us they were supported to receive their medicines safely and their independence was encouraged.

#### Preventing and controlling infection

- Current Department of Health and Social Care (DHSC) Covid-19 PPE guidance for adult care services and settings, is that face coverings should be worn for all personal care, domestic and social contact with people. We observed an inconsistent approach to this guidance, and this placed people, staff and visitors at an increased risk of contracting and spreading Covid-19.
- People told us staff rarely wore face coverings when supporting them with personal care or visiting them in their apartments. One person said, "I think they (staff) should wear masks, but they don't."
- Staff undertook infection control training. There were ample stocks of personal protective equipment including hand gels, masks, gloves and aprons available to staff and visitors.
- The provider had infection control policies and procedures to minimise risk of the spread of infections. The registered manager sent us the provider's guidance sheet for personal protective equipment, dated October 2019. This was not in line with current DHSC guidance. We asked staff about the provider's current policy about wearing masks and they were not clear about this or the current government guidance.

We recommend the provider considers current guidance on Infection prevention and control, including clarifying when staff are expected to wear a mask, and take action to update their practice accordingly.

#### Staffing and recruitment

- There were enough staff to care for people safely, but the provider had found it difficult to recruit to vacant posts. This meant there was a heavy reliance on agency staff and staff often felt stretched. This had an impact on the reliability and consistency of the service provided to people.
- People told us their support was often later than they expected and provided by staff who were unfamiliar

to them. A person told us, "The staff are ok although too often its different faces, but I suppose better that than no staff at all". Another person said, "I cannot rely on staff for times but a call down to the office will jivy staff up". One person said staff reliability was, "All over the place they come and go like buses. Never sure which one is coming but I know one is due".

- A staff member said, "We have to cover a lot of additional shifts to make sure people get their calls. People don't always get their calls on time, but they have come to expect that now. They are usually nice about it and just relieved that someone has turned up."

We recommend the provider identifies strategies to improve communication and mitigate the impact of unfamiliar staff visiting people.

- Agency staff were used to ensure there were always enough staff to cover the rota and our observations confirmed this. Staff induction included undertaking training the provider considered essential, and time shadowing experienced staff. The registered manager confirmed that they were actively recruiting new staff. Following the inspection the registered manager confirmed 2 new staff had started and a further 5 staff were progressing in the recruitment process.

- Safe recruitment processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from risk and avoidable harm. Staff knew how to recognise the signs of abuse and how to protect people from harm. Staff understood how to report concerns and worked in line with the local authorities safeguarding guidance.

- Processes were in place to support people to understand how to keep safe and to raise concerns. When safeguarding concerns had been identified these had been reported to the appropriate authorities including the police and local authority so that they could be fully investigated, and action taken to keep people safe.

- People told us they felt safe. Feedback included, "It's nice here, and it feels safe". And "I am safer here than where I was before". Another person said, "The staff are sometimes late for calls but overall, it is all good here and I feel very safe".

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had taken action to address concerns raised at the previous inspection and learning had been used to drive service improvement. This shared learning had led to improved outcomes in relation to people's experiences of receiving person centred care.

- Action was taken following accidents or incidents to help keep people safe. The registered manager monitored all accidents and incidents. This ensured robust and prompt action was taken and lessons were learnt to drive service improvements.

- Staff told us incidents and accidents were discussed with them. Staff were encouraged to provide feedback on the circumstances that may have led to the incident and how a further occurrence could be avoided.



# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

At the last inspection poor management and failures in the provider's systems to monitor risks and assess quality meant people had been exposed to avoidable risks of harm. People had not received the standard of service they had a right to expect. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 but there remained areas of practice that needed to improve.

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

- Systems for oversight and governance had improved since the last inspection but were not yet fully embedded and sustained. The registered manager was relatively new to their role and had not yet undertaken regular audits to identify any quality issues. They explained that all but one audit was being completed by an area manager, but they could not provide details of recent audits of learning from them. However, the registered manager demonstrated a clear understanding of the areas of the service that needed to improve. Following the inspection the registered manager confirmed they were now completing all the regular auditing activities themselves.
- Staff were not clear about some aspects of their role. For example, staff had not received clear information about the provider's policy on when it was appropriate for them to wear a mask. We have made a recommendation to the provider about this.
- Records were not always accurate and up to date. The registered manager told us staff were continuing to systematically work through people's care plans and risk assessments to update them. We asked staff about some inconsistencies and shortfalls that we found. They confirmed that due to recruitment difficulties, they had not been able to progress this work. One staff member told us, "We have had to prioritise covering calls to people, I'm not surprised some records are not up to scratch." This is an area of practice that needs to improve.
- The registered manager described their commitment to continuing to improve the service at Monaveen and told us about improvement plans that were in progress. For example, they explained how analysis of medicine administration errors had led to a change in monitoring systems. An increased level of monitoring had led to improvements and staff told us there had been fewer errors and omissions. Records we saw confirmed this improvement.
- Feedback from people and their relatives confirmed that the service was continuing to improve. One person told us, "They have really improved since (registered manager) came here." Another person said, "It

is getting better and I would recommend it here."

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

- We received mixed feedback from people about the management of the service. People told us they felt frustrated by the constant changes in staff. People did not always feel the provider was doing enough to recruit and retain staff and this was impacting on their wellbeing and the service they received.
- For example, a person told they felt uncomfortable and embarrassed receiving personal care from staff they did not know. Another person told they found the constant churn of staff unsettling. People told us they understood the service was short staffed but felt as they were paying for a service it should be delivered as agreed. The registered manager told us they had an ongoing and active recruitment programme and felt the location of the service not being served by regular public transport hindered staff recruitment and retention. Following the inspection the provider informed us they had successfully recruited to 7 permanent posts and 2 staff had already started their induction to the service.
- People told us they were involved in planning and reviewing their care. We observed staff working in a person-centred way and providing responsive and compassionate support to people. People were treated with respect and dignity. Throughout the inspection we observed positive communication and supportive interaction between staff and people. People spoke positively about staff and described them as kind and caring. One person told us, "They (staff) are all amazing and lovely." Another person said, "The care here is very lovely, I give them A plus."
- People told us they had the opportunity to join residents' meetings, to share ideas and raise concerns. One person told us "Yes, there are meetings and we are asked for our views." A relative said, "The manager and the senior staff are very good. They have meetings and there is always someone in the office you can talk to."
- People and their relatives spoke highly of the registered manager and the staff. Their comments included, "It is well run, they have gone above and beyond to help me," and, "The best thing is the team, I would recommend it here."

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

- Services that provide health and social care to people are required to inform CQC of important events that happen in the service in line with regulatory requirements. The provider had informed CQC of significant events in timely way. This meant we could check that appropriate action had been taken.
- Incidents, accidents and complaints had been reported in line with the provider's policy and records showed how the registered manager had responded to issues in an open and transparent way.

Working in partnership with others

- We received positive feedback from the local authority about improvements at Monaveen. This indicated a generally improving picture and described effective communication. The registered manager was described as being, "Keen to work collaboratively with the customers, professionals and support networks to support people."
- Staff described positive working relationships with other agencies including social workers, and health care professionals. Records showed how guidance from health care professionals was included within people's care plans for example, an assessment and recommendations provided by a Speech and Language Therapist ( SaLT ) had been included in a person's care plan.
- The registered manager described effective collaboration with the housing scheme manager, and we observed how people were being supported with housing related issues. One person told us, "It's a lovely

place to live."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at continued risk of harm.</p>