

One Housing Group Limited

Roden 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

Roden Court provides care and support to people living in specialist 'extra care' housing. At Roden Court there are 40 'extra care' flats available for rent. On the day of the inspection there were 39 people receiving personal care in their own flats.

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

People and relatives told us staff did not always treat them with respect. The provider had introduced dignity and respect training for staff but this had not ensured all people felt treated in a friendly manner.

The provider had not ensured staff were always deployed safely to people's needs were met. People and relatives told us staff were not always on time to provide their care. The provider did not have a system to routinely be alerted to a missed or late call to rectify staffing issues.

Medicines were not always managed safely. Medicines were not always managed as prescribed. Protocols for administering medicines on an as required basis did not contain enough detail for staff to know how to do so safely.

The provider had begun to make improvements in the culture at the service and there was increased oversight from senior management at the service to increase the standards of care provided. However, there was mixed feedback from staff about the registered manager's leadership. The provider had increased monitoring of the service but this had not highlighted all the concerns found during the inspection in order for the provider to improve the safety of care in these areas.

The provider had improved the infection prevention and control measures at the service. Staff had been given relevant training and wore personal protective equipment safely to minimise the risk of infections spreading.

The provider had improved their management of the risks people faced. People's risks had been identified, such as the risk of falls, stroke and diabetes. There were plans in place to minimise the risk of harm.

Staff were recruited safely and they understood how to keep people safe from abuse and the provider had put extra measures in place to minimise the risk of financial abuse.

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 inadequate (published 7 June 2021) 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 however there remained

areas where further improvement was necessary and the provider was still in breach of regulations.

This service has been in Special Measures since June 2021. During this inspection the provider demonstrated that improvements have begun to be made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 21 January 2021. 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 their practices to safeguarding adults from abuse, to promote people's dignity and respect, and 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. 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 from inadequate to 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 Roden Court on our website at www.cqc.org.uk.

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 dignity and respect, staffing, medicine management, and good governance at this inspection.

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, 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 ●

Roden 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.

Inspection team

The inspection team consisted of two inspectors and two Experts 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 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the provider's action plan. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. 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.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six staff including the regional manager, registered manager, quality manager, care coordinator, and two care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and medicine records. We spoke with six people who used the service and five relatives.



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. At this inspection this key question has now improved 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.

Preventing and controlling infection; Assessing risk, safety monitoring and management; using medicines safely

At the last inspection the provider did not have safe infection prevention and control measures and the provider did not manage the risks people faced safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of the parts of this regulation relating to infection prevention and control and risk management. However, the provider did not always manage medicines safely and was still in breach of regulation 12 (safe care and treatment)

- The provider had improved their infection prevention and control measures. People and relatives told us staff wore personal protective equipment (PPE) when providing care and we saw staff using PPE safely during the inspection.
- Since the last inspection, staff had received more training and the provider had conducted competency assessments to ensure all staff were following national infection control guidance.
- The provider checked visitors' temperature and lateral flow test results before their visit began to help prevent the spread of infection to people using the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- The provider assessed the risks people faced and had created individual plans to keep people safe from harm. For example, the provider had identified those people at risk from falls, pressure sores and diabetes and had clear risk assessments for staff to follow to minimise the risk of harm.
- The provider now had a plan in place to regularly update risk assessments records to ensure they remained accurate.
- Medicines were not always managed safely. Medicines were not always given as prescribed. For example, a person's medicine transdermal patch was not being applied as prescribed after they had been discharged from hospital. This meant their pain may not be managed appropriately.
- Protocols for medicines prescribed to be taken on a when required basis for conditions, such as pain and constipation, did not contain enough information for staff to know when people needed them. This put people at risk of not receiving medicine for these conditions when they needed them.
- People's relatives raised concerns about medicine management. One relative told us, "Sometimes [carers] leave the tablets on the table and write in the book and [on occasions] have asked [person] to put [tablets] back in the fridge."

The above issues about medicine management amount to a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had audited medicine records to check for errors and had held discussions with some staff about safe medicine management.

Learning lessons when things go wrong

At the last inspection the provider did not ensure people were treated with dignity and respect. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 10

- The provider had held a diversity workshop for all staff to begin to address concerns with dignity and respect found at the last inspection. A staff member told us, "Our customers are really treated with respect and dignity because our management made it clear that we are there because of the customers so we should put them first in whatever we do." Despite this, the changes had not yet been embedded at the service.
- People and relatives told us they were not always treated with dignity and respect. A person said, "[Carers are] very loathe to assist. They are reluctant to help, no goodwill and have a poor attitude by talking on their own phone when supposed to be helping." A relative said, "Some [carers] don't speak, don't want to have conversation, they're not friendly." A second relative said, "some staff are very caring and friendly but others just grunt."
- Daily notes we reviewed did not always refer to people using their preferred name. This did not demonstrate a respectful approach to person-centred care.

This was a continued breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had not ensured staff were deployed safely in order to always meet people's needs. People and relatives told us staff were late to care visits. A person said, "The times of the carers calls are very variable. The one in the morning is supposed to be 09.15 but they could come anytime between 08.30 and 10.00" A second person said, "The carers are 'very rarely on time. Sometimes the pull cords are not answered." A relative said, "people didn't turn up at right time so [person] was too hungry. [Person] got upset and needed predictability."
- During the inspection we observed a person come out of their room to find a staff member because their care call was "very late". A second person knocked and waited outside the office for four minutes for staff assistance. The door was not answered, and the person left without receiving assistance.
- The provider did not have a system to monitor all call times to assess trending concerns and to make service-wide improvements. The provider told us they checked call visit times during random spot checks. Thirteen out of 15 spot checks we reviewed noted that care calls were either missed, late, or staff did not stay for the allocated amount of time. Despite staff meetings about timeliness, the same issues reoccurred in subsequent spot checks.

The above issues amount to a new breach of regulation 18 (staffing) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

- The provider had a safe recruitment system to check the suitability of staff, including obtaining references, work history and criminal record checks. Records confirmed this.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider did not have systems in place to effectively safeguard people from abuse. This was a breach of regulation 13 (safeguarding people from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 13

- The provider had set up systems to protect people from abuse. A person told us, "The carers help shower, wash and dress me. They put cream on my skin and make breakfast. Some are more friendly than others but I feel safe with all of them."
- The provider had trained staff to know how to safeguard people. A staff member told us, "If I saw wrong doings and abuse to customers, I would go to my manager to whistleblow it and to be dealt with. If nothing is done about it, I would escalate it to someone above the manager." Records showed the provider escalated safeguarding concerns appropriately.
- At the last inspection there were concerns about building security and financial abuse, the provider had taken steps to address these to keep people safe.

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 inadequate. At this inspection this key question has now improved 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.

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

At the last inspection the provider did not have systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider had begun to improve their systems not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Although, the provider had begun to improve their systems to promote a positive culture at the service, these changes were not fully embedded to ensure care was always good. Since the last inspection, senior managers were now based at the service throughout the week to help the service improve. One senior manager said, "I think there's improvement but we're not there yet. There's still work to do, the processes are in place, it's about embedding them."
- People and relatives did not always find the management approachable. A relative said, "The office is extremely chaotic, they said yes but nothing happens." A second relative told us communication was "Shambolic." This shows further work was required to embed an open approach at the service.
- The service was not always empowering. A person told us about their experiences with the service, "I felt very abandoned [by the service] when I first moved in. It took a long time for things to settle down."
- The provider had held a three day training workshop for staff about promoting a positive culture and diversity. A member of staff told us, "It brought us together to work as a team, taught us how to communicate with each other as well as our customers and our management to be able to create an atmosphere of professionalism in Roden Court." This had started to improve the culture of the service but people and relatives still told us they were not always treated with dignity and respect by all staff members. The provider told us they were going to provide follow up training in this area to embed improvements.

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

- The management team understood their duty of candour. For example, where late calls were highlighted

in spot checks, they ensured an apology was offered to the person concerned.

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

- The provider had developed an action plan and increased monitoring of the service to drive forward improvements but this had not addressed all concerns found at this inspection, for example medicine audits and spot checks had not led to medicines always being managed safely and staff always being on time.
- The provider did not have an effective system to analyse the care visit times and to make necessary improvements.
- People told us the quality of care needed to improve. One relative said, "The level of care is not consistent." A person told us, "[Managing the service] requires good communication and organisational skills both are lacking here, they are trying but the people in charge haven't got the skills to improve the organisation." A second person said, "To improve, the management need good communication skills and to handle staff so they know what they are doing."

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

- Daily notes had been audited and plans of action were made for staff to improve their daily record keeping. The provider had introduced further training and competency assessments around infection control that had improved the safety of care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The provider had not fully involved people using the service. People and their relatives told us their concerns were not always acted on. A relative said, "If you do raise an issue with [registered manager] they seem a bit negative and I'm worried that they might take it out [on person]. I try not to say too much." A person using the service said, "The manager is satisfactory on the whole but is not as efficient as might be. They forget to do things that have been agreed. There are two members of the senior management team who are very good". A second person told us that they wanted more time to provide feedback about the service. They suggested, "A weekly or fortnightly visit from the office to check if everything is ok and if the residents need anything."

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

- The provider had created a survey that they were planning to give to all people using the service to get feedback about the care. The provider understood they needed this information to assess which areas of care delivery required more improvements. The survey did not take into account all people's protected characteristics. For example, the provider had not considered alternative formats and easy read versions for people living with a learning disability. A senior manager told us they would consider people's needs to ensure they fully captured the views of all people using the service. They had translated the survey into a person's first language and produced in large font and on yellow paper for those that required it.
- The provider had developed strategies to engage staff and staff morale was higher than at the last inspection. One staff member said, "Roden Court has improved a lot since the January 2021 inspection. It is now more lively, friendly, has now got high quality service improvement and more new friendly and experienced staff on board."
- During the inspection a senior member of staff held a cake and tea meeting with staff to create a safe

space for them to raise any concerns or feedback about service delivery. Staff told us they appreciated this and found it useful.

- Feedback about the registered manager was mixed. The provider told us the registered manager was holding two roles and managing the care delivery while the provider was recruiting for a permanent registered manager. A staff member told us, "[Registered manager] is a good manager, and the management team interact well in her absence... Yes the management support me or try to work with me when needed." Other staff told us they felt supported by senior management but did not think the registered manager always listened to their views. The registered manager told us they were willing to make improvements to their management style.
- A stakeholder told us the provider was not always responsive in communicating issues of concern.
- The provider had established an effective system to record people's health needs and communicate them with healthcare professionals. All the information was in one place and staff told us this made it easier to make referrals and get people the help they needed. A relative told us, "Carers take [person] to the GP and for hospital appointments."

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always have systems in place to assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always sufficient numbers of staff deployed.