

## Housing & Care 21

# Housing & Care 21 - Belsize Court

### Inspection report

Belsize Court  
18 Burnell Road  
Sutton  
SM1 4BH

Tel: 03701924672  
Website: [www.housingandcare21.co.uk](http://www.housingandcare21.co.uk)

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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

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 legal requirements. These related to providing safe care and treatment, particularly in regards to identifying and managing risks to people's safety, and good governance, particularly in regards to the systems in place to review service quality. Following our inspection the provider sent an action plan and told us they would make the necessary improvements by 27 July 2016.

We undertook a focused inspection on the 25 October 2016 to check that they now met legal requirements. This report only covers our findings in relation to this inspection. You can read the report from our previous comprehensive and focussed inspections, by selecting the 'all reports' link for 'Housing & Care 21- Belsize Court' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Housing & Care 21 – Belsize Court is an extra care scheme. Belsize Court has a total of 62 flats. 34 people using the service were receiving support from staff with their personal care. People using the service were aged 55 years and older, and had a mix of physical and learning disabilities. Both the housing service and the care service were provided by Housing and Care 21.

At our previous inspection the service did not have a registered manager. At this inspection they continued to not have a registered manager. A new manager was in post and they had begun their application to become registered. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff had reviewed and updated risk assessments to ensure they identified the risks to people's health and safety. Staff had developed plans to manage and mitigate those risks. This included in relation to moving and handling, personal care, skin integrity and prevention of falls.

The new manager provided leadership and management at the service. They were now using the provider's systems to review key performance information and a full service audit had been undertaken to review the quality of service provision. Improvements had been made where the systems identified these were required.

The provider was now meeting the breaches of regulations 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 has made improvements to ensure risks to people's safety were identified and managed appropriately. Staff had reviewed and updated risk assessments, and management plans were in place to protect people's safety.

The registered provider was now meeting legal requirements with regards to safe care and treatment. While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

The provider has made improvements to ensure systems in place reviewed all areas of service delivery and action was taken when required to address any areas of concern. A new manager was in post providing leadership at the service.

The registered provider was now meeting legal requirements with regards to good governance and submission of notifications. While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'well-led' at the next comprehensive inspection.

**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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Housing & Care 21- Belsize Court on 25 October 2016. This inspection was completed to check that improvements to meet legal requirements planned by the registered provider after our comprehensive inspection on 12 May 2016 had been made. We inspected the service against two of the five questions we ask about services: is the service safe? Is the service well-led?

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home, this included the registered provider's action plan which set out the action they would take to meet legal requirements and the statutory notifications received. Statutory notifications provide information about key events that occur at the service.

During the inspection we spoke with two staff, including the new manager. We reviewed five people's care records and records relating to the management of the service. After the inspection we spoke with the operations manager.

# Is the service safe?

## Our findings

At our previous inspection on 12 May 2016 we identified that staff had not appropriately considered, identified and mitigated the risks to people's safety. Risk assessments did not comprehensively address the risks associated with smoking, visual impairment and use of equipment to move people. We saw that standardised risk management plans were in place in regards to personal care and infection control. There were not tailored to the individual and there was a risk that people would not receive the individual support they required to maintain their health and safety. The provider told us they would take the necessary action to address these concerns by 27 July 2016.

At this inspection on 25 October 2016 we found that staff had reviewed risk assessments and they had identified the risks to people's safety. They developed plans to manage and mitigate those risks which were individually tailored. Staff had updated risk management plans in regards to people that required support with their moving and handling, medicines administration, skin integrity and prevention of falls. Detailed information was provided to staff about how to support people to manage these risks. We also identified that environmental risks assessments had been updated and this included any risks to people with visual impairment. At the time of our inspection none of the people using the service smoked in their flats. Staff had discussed with one person who smoked the risks associated with this and the person chose to smoke outside rather than in their flat.

There was a lack of information about how to use and the risks associated with some items of equipment which was provided and managed by other healthcare professionals. This included pressure relieving equipment and shower chairs. There was a risk that staff would not have information about how the equipment should be used for each person and which relevant professionals to contact for advice and if the equipment was not working appropriately. We discussed this with the manager and they informed us they would ensure this information was gathered so their staff could be proactive in identifying any risks to people's safety.

The provider had made the necessary improvements to meet the legal requirements they were previously breaching, in regards to identifying and managing risks to people's health and safety.

## Is the service well-led?

### Our findings

At our previous inspection on 12 May 2016 we found a registered manager was not in post and there lacked consistent management oversight at the service. The provider also did not have sufficient systems in place to review all aspects of service delivery and ensure a focus on continuous improvement. Systems were not in place to review key data including complaints, incidents and accidents to identify any learning and areas for service improvement. We also identified that current systems to review the quality of care records were not robust and we identified inaccuracies in people's care records, including in relation to people's contact details. The provider told us they would take the necessary action to address these concerns by 27 July 2016.

At this inspection on 25 October 2016 we found the service continued to not have a registered manager in post, although the provider had now recruited a new manager and they had started their application to become the registered manager. The operations manager informed us the new manager had encouraged and supported the staff team through a period of change, that they were approachable and provided strong leadership at the service. They had also strengthened the relationship with the local authority and had begun to engage with other extra care schemes in order to share best practice and learn from each other.

Since our previous inspection the new manager and the team leader were using the provider's system to review key performance data. This included reviewing call logs, complaints, incidents, medicines errors and safeguarding investigations. This information was used to identify any themes or trends and was shared with the provider's senior management team. The manager had discussions with their operations manager to discuss any themes identified and what action was taken to address these.

The provider's operational auditor had undertaken a service wide audit to review whether the service was meeting internal standards. These were undertaken in line with the CQC's five key questions and included the award of a rating in line with the CQC's ratings. We saw that previous improvement actions had been completed and the provider's auditor had noted an improvement of the service's rating from inadequate to good.

Care records had been reviewed and updated since our last inspection. Care and support plans provided detailed information to staff about the level of support people required and how this was to be delivered. Care records were stored securely and were easily accessible to staff for reference. The manager and team leaders reviewed the quality of care records frequently and addressed any improvements required.

The provider had made the necessary improvements to meet the legal requirements they were previously breaching, in regards to good governance, systems to review the quality of service delivery and maintaining accurate and complete care records.