

## Housing 21

# Housing 21 - Alrewych 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

Housing 21 - Alrewych Court is an extra care scheme providing personal care to 25 older adults at the time of the inspection. People using the service lived in their own flats within one adapted building. 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

Our inspection identified a breach in relation to good governance because systems did not always effectively assess, monitor and improve the quality and safety of the service. Our inspection was prompted in part by concerns that were brought to CQC's attention about the service. Before our inspection we had also asked the provider to investigate potential concerns but they had not done so in a thorough or robust way. We also found records were not accurately and fully maintained in relation to people's needs and risks. This was an ongoing area of improvement identified at our last inspection, which had still not been fully addressed. Audits had not identified this and ensured records were always accurately maintained. This did not demonstrate and reflect the positive support described otherwise by people using the service.

Before our inspection, we had been notified of a number of financial abuse and theft allegations at the service since and before our last inspection in June 2019. The provider had also alerted the police and local authority of these concerns as required. People we spoke with told us they felt safe and had no such concerns.

Discussions during our inspection indicated people were appropriately supported including in response to incidents. The registered manager told us how incidents were responded to however we found records were not maintained about this to demonstrate the full learning and analysis carried out to prevent future risks.

People who received support with their medicines told us they were satisfied with this support. While improvements had been made to medicines management since our last inspection, we saw one area of improvement identified at the last inspection had still not been fully addressed.

Staff were recruited safely and there were enough staff to meet people's needs. Staff followed the infection control procedures the provider had in place. Staff spoke positively about their roles and told us they felt supported.

People told us they would feel comfortable speaking up if they had any concerns. People were routinely asked for their feedback about the service although people's individual care reviews were less frequent. People expressed very positive experiences of using the service when giving feedback to the service and during discussions as part of our inspection.

The registered manager understood their legal responsibilities in regard to safeguarding and notifications.

## Rating at last inspection

The last rating for this service was Good (published 24 August 2019).

## Why we inspected

We received concerns about people's experiences including in relation to allegations of abuse and infection control. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Housing 21 - Alrewych Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Follow up

We will request an action plan for 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 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 - Alrewych 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

The inspection was carried out 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 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 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. We called the provider when we arrived at the premises to check key information related to COVID-19 to help reduce associated risks and to help keep everybody safe.

#### What we did before 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 looked for any feedback available from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

Before our site visit, we spoke with six relatives of people using the service. During our site visit, we spoke with the registered manager and assistant manager. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

After our site visit, we spoke with six people who used the service and three staff members. We continued to seek clarification from the provider to validate evidence found including records about two people's care. We spoke with two professionals who regularly visit 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 rated as Good. At this inspection this key question has now deteriorated 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Before our inspection, we received some quality and safety concerns about the service. As a result, we liaised with the local authority and we asked the provider to investigate some of the concerns raised. The provider did not always demonstrate to CQC, an independent and thorough review of such information of concern to always promote safety an open, learning culture at the service.
- Over a number of months before our inspection visit in January 2021, the provider notified us of financial abuse and/or allegations of financial abuse and theft at the service. This followed a pattern of previous allegations and concerns of financial nature, before and since our last inspection in June 2019. This indicated there was an ongoing risk of abuse to people at the service. The registered manager had worked in partnership with police and had alerted the police, local authority and CQC in response to these allegations of abuse as required.
- Feedback from people and relatives indicated people were well supported including in response to an incident, for example a fall. Incident records we saw outlined how people had been supported shortly following an incident, but lacked evidence of how incidents had been analysed and learned from overall to help prevent future reoccurrences. This was an area of improvement identified at the last inspection.
- People told us they felt safe using the service and with support from staff. One person commented, "That's one thing I don't have to worry about really because they do look after me very well." People told us they would feel comfortable speaking up if they had any concerns and said they had not experienced any concerns around financial abuse.

Assessing risk, safety monitoring and management

- Staff told us they had flagged their concerns about one person's wellbeing to management, and that the person's care calls had increased as a result. However, the person's care records showed no new risk assessments or guidance in place about this identified risk. This showed although the person's needs were identified and responded to by staff, the person's risks were not then assessed to always inform consistently safe support.
- People had risk assessments in place in relation to COVID-19 yet those we sampled were dated March 2020 and had not been reviewed to ensure relevant information was included. There was no assessment of risks associated with wellbeing and mental health as a result of the pandemic and lockdowns.
- People we spoke with told us staff supported them well. One person told us staff understood the support the person needed and commented, "Most days I can manage. There can be a bad day. They know what a bad day looks like." However, records we sampled showed insufficient information in two people's care records about their diagnosed conditions. This would not inform a consistent and safe response from staff in the event of an emergency. Our last two inspections had found that risk assessments and records did not

always provide enough information about people's risks and conditions.

- Risks and relevant guidance and processes were in place to help protect people in the event of a fire.

#### Staffing and recruitment

- All people we spoke with told us their calls were on time or thereabouts and they had no concerns. People described being able to call staff for help from their own flats, and to get prompt support when needed.
- Records we checked for three staff members at random showed recruitment checks had been carried out safely.
- Staff told us staffing levels were safe. Roles were being advertised to fill night staff vacancies.
- The registered manager and staff had agreed together to adjust their working patterns in the early stages of the pandemic to help reduce footfall at the service and therefore the potential spread of infection. This was a commitment by staff through the challenging months of the pandemic to help keep people safe.

#### Using medicines safely

- People who received support with their medicines told us they were satisfied with the support from staff and had no concerns. One person told us, "My medicines are delivered straight here from the chemist and they give me the required tablets every day, always on time thankfully."
- Since our last inspection, new checks had been introduced to make sure people had enough medicines and that prescriptions were ordered on time. One staff member commented that the electronic medicines system reduced the risk of errors, for example prompting staff to support people or flagging any potential missed medicines to the registered manager.
- Since our last inspection, the service had worked with a GP to improve how people's PRN (as and when needed) medicines were managed. However, improvements were not consistent and one person whose records we sampled did not consistently show the reasons why they had taken PRN medicines. This was an area of improvement found at the last inspection, required to help monitor and ensure PRN medicines were always used effectively.

#### Preventing and controlling infection

- Before our inspection, we received information suggesting there was inconsistency in how staff wore personal protective equipment (PPE). During our inspection, we saw staff were wearing personal protective equipment (PPE) appropriately and there were suitable facilities at the service to help staff use PPE safely. This helped protect people and staff from the risks associated with COVID-19.
- Our discussions with people and staff confirmed they had no concerns about PPE use and resources at the service. We saw the cleanliness of the service was maintained and systems were in place to help prevent the spread of infection. For example, suitable checks were carried out before visitors could come to the service.
- One staff member told us, "It has felt safe; a safe bubble during the last year. It felt like we wouldn't catch [COVID-19] as we're doing everything we should be doing."
- A visiting professional praised how the registered manager safely arranged essential visits to people from professionals to provide care whilst ensuring good infection control practice was followed.
- Our inspection found staff had inconsistent understanding about how and when people could have visitors to the service. The registered manager assured us they would explore this further and that a number of people regularly went out as they wished and had visitors.

# 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 Requires Improvement. At this inspection this key question has remained the same. 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.

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

- Before our inspection, we had asked the provider to respond to quality and safety concerns we had received about the service. The provider's response did not openly and robustly address the concerns raised and we asked for more detailed investigations to be carried out. After our inspection, we sent prompts for this information however the provider failed to review and investigate the specific issues brought to their attention to promote continuous learning and improvements.
- This inspection found there were areas of improvement and record keeping concerns identified at the last inspection which had still not been fully addressed. For example, people's care plans we sampled did not provide enough information and guidance, for example about epilepsy and mental health needs, to ensure people's potential risks and needs were consistently understood. This had been highlighted as an area of improvement over the last two inspections.
- The registered manager advised people's care reviews were annual or took place if people's needs or circumstances changed in the meantime. However, these processes were not robust because we saw they had not helped proactively monitor and identify changes to people's needs. We saw people's care plans did not always provide detailed guidance about how staff could support people to reduce those risks.
- Audits completed by the provider had not identified the above issues. This did not show continuous improving and learning through the provider's processes and did not reflect the positive experiences otherwise described by people using the service about their care.

The provider had failed to effectively assess, monitor and improve the quality and safety of the service, and to maintain accurate records in relation to people's care and treatment. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with described being comfortable that staff understood their support needs. Staff had access to written and electronic care plans and prompts about the support each person needed during a call, for example, support with meals and medicines.
- The registered manager understood their regulatory requirements. Records we checked indicated the provider had notified CQC as required about specific incidents and events at the service. The last inspection rating was displayed as required.

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

- One person told us they were asked about their support needs and preferences when they first moved in, and commented, "One morning since, I was asked to fill in a form about [the service], how I felt about things. I said I'm okay." The registered manager told us staff regularly checked in on how people were and to ensure people's care needs were met. However we could not see evidence in people's records we sampled of individual reviews and discussions with people about their own care, support needs and any other feedback or queries.
- We saw there were systems in place to gather people's feedback such as regular surveys about various aspects of the service overall and this feedback was often very positive. The registered manager had analysed the survey responses which showed people spoke positively about the service and their homes as we found when speaking with people.
- Staff felt supported and described their involvement in decisions about the service response to COVID-19. People were confident in staff use of PPE and were kept informed through newsletters during the lockdown at the time of the inspection.
- People described ways they occupied themselves during lockdown and expressed hope that life would soon return to normal.

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

- Overall, people and relatives gave positive feedback about the service. One person told us they would recommend the service and commented, "It's brilliant is the only thing I can say about it really. They do everything that I need, and I couldn't ask for better."
- We received positive feedback about the staff and management. One relative told us the registered manager had been particularly supportive when their loved one returned from hospital.
- One person commented, "They do a good job as managers, they're very caring, they're concerned if you're not particularly very well or if you've got a problem in your flat, one will often come and help you."

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 registered manager also described ways that they had assisted police and safeguarding investigations in response to allegations of financial abuse.
- The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.

Working in partnership with others

- Since the beginning of the pandemic, the registered manager had attended regular meetings held by the local authority to support providers' responses to the COVID-19 pandemic. The provider had captured and achieved current good practice standards in relation to infection prevention and control and shared their experiences through CQC's Provider Collaboration Reviews to help inform wider learning and reflection from the pandemic.
- The registered manager attended regular managers' meetings with registered managers of other services registered with the provider across the local area. This was an opportunity for managers to share learning and feedback and to maintain awareness of regulatory requirements and standards.

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 17 HSCA RA Regulations 2014 Good governance  The provider had failed to effectively assess, monitor and improve the quality and safety of the service, and to maintain accurate records in relation to people's care and treatment. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.