We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Housing 21 - Roman Ridge

Lavender Way, Sheffield, S5 6DD
Date of Inspection: 28 May 2014
Tel: 03701924842
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We inspected the following standards as part of a routine inspection. This is what we found:

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<td>Care and welfare of people who use services</td>
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## Details about this location

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<td>Housing and Care 21 are a domiciliary care service which provides personal care to people living in their own homes within the Roman Ridge extra care housing scheme. The service is based in an office on the ground floor of the housing scheme.</td>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 28 May 2014, observed how people were being cared for, talked with people who use the service and talked with staff. We talked with commissioners of services.

What people told us and what we found

An adult social care inspector carried out this inspection. As part of this inspection we spoke with four people who received support with their personal care from the Housing 21 - Roman Ridge service. We also spoke with the manager, a senior care worker and two care workers. We also reviewed records relating to the management of the service.

We considered all the evidence against the outcomes we inspected to help answer our five key questions; is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

This is a summary of what we found-

Is the service safe?

We spoke with four people in their flats, who told us staff respected their privacy and treated them with dignity and respect. People's comments included: "the care workers are smashing, they are lovely and kind, they do give me dignity", "they [care workers] don't talk over your head, they talk to me".

All the people spoken with told us they felt "safe" and had no worries or concerns. Their comments included: "I feel safe and I feel cared for" and "I feel safe and absolutely love living at Roman Ridge".

Staff spoken with were clear about what their roles and responsibilities were and the action they would take if they saw or suspected any abuse. We saw the service had a process in place to respond to and to record safeguarding concerns. We found the service had a copy of the local protocols and followed them to safeguard people from harm.

Relevant checks were undertaken to ensure staff employed to work at the service were suitable.

We found the arrangements in place to safeguard people from financial abuse could be more robust.
Is the service effective?

People spoken with told us they were involved in the assessment of their care needs and we saw evidence on people’s records that they had signed their care plan documentation where they were able. People told us they were happy with the care they had received and felt their needs had been met.

We looked at four people's care records. We saw people's care plans contained a range of information including the following: personal hygiene, medical conditions, and moving and handling. We looked at people's 'pen portraits', the level of detail of people's personal preferences and life history varied amongst the records. We also saw there were generic risk assessments and measures to reduce risk included in people's records which did not apply to them. We spoke with the manager who told us the provider was currently reviewing the care planning documentation in place.

Is the service caring?

We observed staff giving care and assistance to people in the communal areas. They were respectful and treated people in a caring and supportive way.

People spoken with were satisfied with the quality of care they had received and made positive comments about the staff. Their comments included: "[care worker] is brilliant and very caring", "I say to myself you are a lucky lass, the staff are good to you", "the staff always check if I am comfortable", "the staff are very good, all the staff are great" and "the staff are kind and caring, they come at breakfast, dinner and tea time, they are as good as gold, I think they are wonderful" and "there isn't one [care worker] I would grumble about".

Is the service responsive?

A copy of the service's complaints procedure was included in the care records in people's home. People told us if they had any concerns they would raise these with the manager or a family member.

We found people had access to a pull cord in different areas of their flats to alert staff if they should need assistance. Many of the people we spoke with also wore a pendant to call for assistance. People spoken with told us staff responded to their calls. Their comments included: "I don't have to wait long, they [care workers] are very good" and "it depends how many staff are on and if they are helping somebody else, plus there is only one staff member on at night".

Two staff spoken with told us the most challenging part of the role was working on their own at night. They told us they could ring a senior care worker or the manager for advice but they had been advised to contact emergency services if there was an incident. We found there wasn't an on call rota in place so staff. This meant there was not a nominated member of staff to call for support at night.

Is the service well-led?

Quality monitoring systems were in place to make sure that managers and staff learned from audit checks. As a result the quality of the service was continuously improving.

The service held regular staff meetings to review the performance of the service. This helped to ensure that people received a good quality service at all times.
Staff had received training to meet the needs of people they supported. We saw evidence that regular spot checks of staff performance had been completed.

The service had completed an annual service user questionnaire at the end of 2013. The outcome or the action taken had not been shared with people using the service. This meant that people could not see whether there were any common themes and the action taken to resolve any issues.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with four people, who told us staff respected their privacy and treated them with dignity and respect. People's comments included: "the care workers are smashing, they are lovely and kind, they do give me dignity", "they [care workers] don't talk over your head, they talk to me".

People expressed how much they enjoyed having their own flat and being able to maintain their privacy. One person commented: "I really like having my own flat". They also told us staff listened to them and asked them how they would like to be supported. For example staff always asked them what they would like to drink or eat. People's comments included: "the staff always ask me what I want" and "the staff know what I like".

During the inspection we observed staff ringing people's door bells prior to entering their flats. We observed staff giving care and assistance to people in the communal areas. They were respectful and treated people in a caring and supportive way. We spoke with two members of staff; they told us they had received training about treating people with dignity and respect.

People told us they could access a range of activities in the extra care scheme. One person showed us a copy of the newsletter they had received from the extra care scheme provider detailing activities on offer.

People spoken with told us they were involved in the assessment of their care needs and we saw evidence on people's records that they had signed their care plan documentation where they were able.
Care and welfare of people who use services  Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

People spoken with were satisfied with the quality of care they had received and made positive comments about the staff. Their comments included: “[care worker] is brilliant and very caring”, “I say to myself you are a lucky lass, the staff are good to you”, “the staff always check if I am comfortable”, “the staff are very good, all the staff are great” and “the staff are kind and caring, they come at breakfast, dinner and tea time, they are as good as gold, I think they are wonderful” and “there isn’t one [care worker] I would grumble about”.

We looked at four people's care records. We saw people's care plans contained a range of information including the following: personal hygiene, medical conditions, and moving and handling. We looked at people’s ‘pen portraits’, the level of detail of people’s personal preferences and life history varied amongst the records. We also saw there were generic risk assessments and measures to reduce risk included in people’s records which did not apply to them. For example, the risk of an open fire. We spoke with the manager who told us the provider was currently reviewing the care planning documentation.

The provider may find it useful to note that a bed rails risk assessment or regular bed rails check had not been completed for one person using the service.

The provider may find it also useful to note that there were no records in people’s care plans when they had been referred to or been seen by their GP. We spoke to the manager who told us the referral information was held in office records and there wasn’t a process in place to record the outcome of the visits by the GP or other healthcare professionals. The lack of this key information meant that staff and other professionals may not have up to date information about people’s health and support needs. This could potentially place people at risk of unsafe care and treatment.

We found people had access to a pull cord in different areas of their flats to alert staff if they should need assistance. Many of the people we spoke with also wore a pendant to call for assistance. The manager told us the emergency call system and pendants were checked by the extra care scheme provider. People spoken with told us staff responded to their calls. Their comments included: “I don’t have to wait long, they [care workers] are very good” and “it depends how many staff are on and if they are helping somebody else, plus there is only one staff member on at night”.

www.cqc.org.uk
Two staff spoken with told us the most challenging part of their role was working on their own at night. They told us they could ring a senior care worker or the manager for advice but they had been advised to contact emergency services if there was an incident. They also told us they were not allowed to support people with their moving and handling at night if the person required two care workers. We found there wasn’t an on call rota in place. This meant staff did not have a nominated member of staff to call for support at night.

The provider may find it useful to note that one person’s supply of medicine prescribed for ‘when required’ ran out five days prior to the inspection. We reviewed the person’s care records. We found staff had not notified a senior care worker or the manager to reorder the prescription. We spoke with the manager, who made arrangements to have the person’s prescription filled and delivered on the day of the inspection. The manager assured us that they would speak with staff and ensure people had an adequate supply of prescribed medicines at all times.

The provider may also wish to note that three people were prescribed a medicine that must be given at thirty to sixty minutes prior to food for best effect. One person was prescribed a medicine that must be given with food or just after food for best effect. This advice was included in people’s medication administration records. However, we found staff had minimal knowledge of this advice and that the arrangements in place needed to be more robust to ensure this advice was followed. The manager assured us that appropriate arrangements would be put in place the following day to ensure the advice was followed. They also told us that they would check people’s medication records to identify if any other people using the service required these arrangements.

People told us they were always asked if they needed medicines that were prescribed for ‘when required’. They also had the option to choose what dosage they required for some medicines.

The provider may find it useful to note that written guidelines to help staff decide when to administer medicines prescribed for ‘when required’, for example for pain relief were not in place. Although staff told us they always asked people if they required these medicines, it is important to have detailed guidelines with medicine charts so people’s medicine is used for best effect. Such guidelines support and provide information to staff about how people communicate their need for these medicines.
Safeguarding people who use services from abuse Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider has taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All the people spoken with told us they felt "safe" and had no worries or concerns. Their comments included: "I feel safe and I feel cared for" and "I feel safe and absolutely love living at Roman Ridge".

All staff spoken with were clear about what their roles and responsibilities were and the action they would take if they saw or suspected any abuse. We saw the service had a process in place to respond to and to record safeguarding concerns. We found the service had a copy of the local safeguarding protocols and followed them to safeguard people from harm.

We looked at the Housing 21 care staff handbook dated 2011. The handbook included a guide on safeguarding adults and a section on whistle blowing which encouraged staff to express any concerns they may have. We saw evidence in staff files that staff had signed to confirm they had received a copy of the handbook.

The manager told us the service had recently started supporting a few people with their shopping and a financial transaction record was completed by the person and the staff member supporting them. The financial transactions records were checked by a senior care worker each month.

The provider may find it useful to note there was no process in place to record the checks made by the senior care worker. A financial risk assessment had not been completed for each person to ensure measures were in place to reflect the level of support people needed with their finances. For example, a person with a visual impairment who cannot identify the monies they are giving or receiving in return. Additional measures would need to put in place to safeguard them from financial abuse. We checked four receipts against four transaction records. We found that both the staff and the person had signed for money given to staff and for the change returned to the person. We spoke with the manager who assured us that a financial risk assessment would be completed for each person and a process to record the checks by the senior care worker would be put in place.
A senior care worker showed us a copy of the service’s computerised staff training matrix. There was a process in place to highlight when staff required refresher training. However, we found the safeguarding training dates for new staff had not been entered on the matrix. We reviewed the records of two members of staff who had recently joined the service. We found evidence they had attended safeguarding training as part of their induction. The senior care worker told us they had identified that staff safeguarding training was overdue and that it would be arranged shortly. They showed evidence of the refresher training in moving and handling and medication they had booked for staff.
Requirements relating to workers

Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We requested a copy of the service's recruitment policy and procedure. The manager provided us with a copy of the Housing 21 policy 'appointment of staff'. The policy had not been reviewed since 2008. The policy needed to be updated as it made reference to a Criminal Records Bureau check rather than the Disclosure and Barring Service (DBS) check.

The provider may find it useful to note the manager was not familiar with the policy and was unable to locate a copy of the recruitment of care staff procedure which is mentioned in the policy. They told us their line manager recruited staff for the service.

We spoke with two members of staff who had recently started working at the service. They told us they attended training at another Housing & Care 21 office location and did not have access to people's confidential information or people living at the service until all the relevant checks had been completed.

We reviewed the records of two staff members who had recently started working at the service. We found there was a robust system in place to ensure relevant checks, including a DBS check had been completed prior to a staff member starting to work at the service. The files included a record of the staff member's induction training and certificates to confirm they had completed their training. We also saw evidence that staff had received a medication competency assessment before supporting people on their own with their medication. We saw evidence that staff had received support via supervision sessions.

Staff expressed how much they enjoyed working at the service and told us they had received support from the senior care workers and the manager at the service. They told us they had been provided with a range of training which included the following: health and safety, safeguarding, moving and handling, first aid, medication and fire safety. They also told us that a medication observation assessment had been undertaken to check they were competent to support people safely to take their medication. Staff had been given the opportunity to work alongside another member of staff prior to supporting people on their own. Staff told us that the senior care workers had checked at the end of each shadow shift to see if they had any concerns or they needed any additional support or training.
The provider may find it useful to note that we found the arrangements in place to ensure new staff read people’s care plans prior to supporting them on their own needed to be more robust. Unfamiliarity of people's care and support needs could place people at potential risk of receiving unsafe or inappropriate care.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw there was a range of quality monitoring checks in place to make sure managers and staff learned from checks.

The provider may wish to note that regular audits were carried out to check how well medicines were handled, however the audit tool was very basic and did not assess many aspects of safe medicines management within the service. As a result, the discrepancies that we found had not been identified.

We saw staff training was being monitored. We saw evidence in staff files that regular spot checks on staff performance had been completed. This included obtaining feedback from the person they had supported. On our arrival at the service the manager was in the process of completing a spot check on a staff member's performance. A staff file audit had been undertaken in 2013.

The manager told us that care plan audits were undertaken by their line manager to ensure they contained up to date information about people’s needs. One care plan was audited within the regular one to one sessions their line manager. We saw evidence of this in one person's care records. We found a full care plan audit had not been completed.

The service held regular staff meetings for teams. We looked at the minutes of a staff meeting completed in March 2014. A range of topics had been discussed including: adhering to uniform standards, handsets, rotas and staff training.

The provider may find it useful to note the manager told us an annual performance review was not completed at the service. In order to continually review and improve quality, it is important that services gather information about the safety and quality of the service from all relevant sources; for example, analysing complaints, safeguarding, critical incidents and gathering feedback from people using the service, staff, people's representatives and completing an action plan.

We looked at the annual service user questionnaire completed at the end of 2013. We
looked at four questionnaires. The questionnaire included questions on whether people felt staff treated them with respect and whether staff were courteous. A positive response had been received across the sample we looked at.

The provider may find it useful to note that the outcome of the questionnaires had not been shared with the people using the service. This meant that people could not see whether there were any common themes and the action taken to resolve any issues.

The provider had not registered a manager with the Care Quality Commission at the time of the inspection. It is a requirement under the Health and Social Care Act 2008 that services have a registered manager.
We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✅ Met this standard

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed

This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
**Glossary of terms we use in this report (continued)**

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.