

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

Housing 21 - Fountain Court

Armstrong Street, Bensham, Gateshead, NE8
4AF

Tel: 03701924665

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Housing 21
Registered Manager	Mrs. Tracey McCormick
Overview of the service	Housing 21 is registered to provide personal care for tenants at Fountain Court. The service is aimed primarily for older people.
Type of services	Domiciliary care service Extra Care housing services
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 12 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with six people living at Fountain Court. They told us they were asked for their consent before agreeing to their care. One person said, "They check I'm happy first." Another person commented, "They always ask first."

People told us they were happy with the care and support they received. For example, one person remarked, "I think it is next to perfect ... no complaints." Another person said, "I rang my bell and they were there in a moment."

People also made positive comments about the staff, and the comments we heard included: "I like the staff and I like the place, it's lovely." "They're lovely, lovely lasses, they treat me nice." and "I couldn't praise the staff enough, they cannot do enough for you."

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The staff we spoke with gave us examples about how they made sure people's consent was sought before providing personal care. We saw people's views were sought and acted upon. For example, people signed consent forms before staff provided help with medication administration. We also saw people were treated with respect, for example when we looked around the Fountain Court flats we observed staff knocked on people's front doors and waited for a reply before entering.

During our visit we saw people were able to express their views freely and were involved in making decisions about their care. Everyone had copies of their care plan in their flat so they were aware of and able to consent to their plans of care. We spoke with six people, living at Fountain Court. They told us they were asked for their consent before agreeing to care. When asked about staff asking for consent, one person said, "They check I'm happy first." Another person commented, "They always ask first."

The people we spoke with were involved in decisions about their care and treatment, and also in planning their care. People confirmed they were aware of their written care plans, which they had signed to show they had been involved in writing them. One person said, "Records are kept here (in my flat) ... I can check through." We looked in detail at four care records. We saw people's consent to care was confirmed in writing and people signed their care plans and risk assessments to confirm their agreement to the content. This meant the provider had suitable arrangements in place to obtain and act in accordance with the consent of people regarding their care and treatment.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We spoke with six people, living at Fountain Court. They told us they were happy with the care and support they received. One comment was, "I think it is next to perfect ... no complaints." Another person said, "I rang my bell and they were there in a moment."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked in detail at four people's care records. We saw areas of need were individually assessed, and where necessary plans of care drawn up. We saw detailed information was supplied by other agencies, such as social services. This was used to complement the care plans to guide staff about meeting people's needs.

We saw every person had a care plan. This was aimed at guiding staff on how to maintain each individual's welfare and took into account physical, mental, emotional, personal care and social needs. We also saw areas of risk were assessed. These were tailored to each person, their needs and the specific tasks related to their care. This ensured that important aspects of each person's safety, health and welfare were maintained.

Potential risks to people receiving care were assessed and minimised through an effective risk assessment and review system. We saw areas of risk, such as those relating to manual handling and the use of equipment, were assessed, and guidance was in place to minimise harm to people receiving care. We talked with staff about the support offered. They stated they felt they were able to offer a good level of care. Staff were well informed about the needs of the people they cared for, and were able to explain to us how they met people's needs and minimised the risk of harm.

Because of the nature of this service, people and their relatives took primary responsibility for arranging their own routine health screening and care. However, where necessary, people were helped to access short notice and emergency health care appointments. Information was also kept at hand to pass on to hospital staff, so that they were aware of each person's needs in situations where an emergency admission to hospital was needed. We saw that the advice of health care professionals was incorporated into people's care plans. This meant people were supported to remain healthy.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider has appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled appropriately. We discussed medicines handling with the manager and a senior carer, checked storage arrangements, examined the associated records and asked people about how their medicines were administered. We saw medications were supplied by the community pharmacist in either weekly or monthly packs designed to help ease the administration of prescribed medicines.

Some people were helped to manage their medicines themselves. This was assessed and regularly reviewed to make sure this was done safely. Other people had support from staff. People told us they were happy with the support they received, always had medicine stocks available and that staff followed any special instructions that applied. One person said, "I've got a dosset box, my son helps me with it." Another person told us, "They (staff) do them for us ... they see you've taken them all."

All medicines were stored in people's own flats. The location was noted in each person's care records so staff knew where to locate them. This meant medicines were stored securely.

The manager told us, and records confirmed that staff undertook training relevant to the safe handling of medicines. Their competency to administer medicines was also checked periodically. We found supporting information and guidance was available at the service. For example, clear guidance was available for medicines that had to be taken at a particular time of day, or at certain times before meals. This meant staff had up to date information on medicines procedures, on individual medicines used and knew how to handle medicines safely and any warning signs to look for.

We looked at medicine records, and saw these were completed accurately. The provider may find it useful to note that the hand written entries on medicine administration records stated "Pharmacy blister pack" and did not detail the individual medicines administered.

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 by suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with six people living at Fountain Court. They told us they were happy with the staff who worked with them. One person stated, "I like the staff and I like the place, it's lovely." Other comments included: "They're lovely, lovely lasses, they treat me nice" and "I couldn't praise the staff enough, they cannot do enough for you."

Appropriate checks were undertaken before staff began work. We looked at the recruitment records for two staff employed by the service over the past year. We saw a Criminal Records Bureau check had been obtained and according to a checklist two references had been sought for both workers. One reference could not be located for one staff member. This was highlighted to the manager at the time of the inspection to chase up with the provider's Human Resources team. Proof of their identification and right to work had been verified. The provider may find it useful to note that the job application form did not prompt prospective workers to list their work history or reasons for leaving previous care posts.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. We saw the provider maintained appropriate records required for the protection of people who used services and for the effective and efficient management of the service. People who used services or their representatives told us they had access to their records, and were able to contribute to maintaining their personal files. When we looked at people's care records, we saw each section (including risk assessments) had been agreed and signed by them or their representatives.

Staff told us they had easy access to the homes policies and procedures. This meant they could readily obtain the guidance they needed.

We saw care plans and records were kept in a secure place and were accessible to staff. They were up to date and in good order. All of these measures ensured people's rights and best interests were safeguarded by the provider's record keeping systems.

About CQC inspections

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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