

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

Housing 21 - Bridlington Branch

Applegarth Court, Applegarth Lane, Bridlington,
YO16 7NE

Tel: 03701924031

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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
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Housing 21
Registered Manager	Miss Christine Sandra Brown
Overview of the service	<p>Housing 21 (Bridlington) Branch operates a domiciliary care service from Applegarth Court in Bridlington. It provides care and social support services to older people who may also have a memory related condition. The office is underneath the property where 22 of the people that use the service live, but there are also two people that use the service living in the community. There is a registered manager, a senior care worker and seven care workers. The service office hours are 09:00 and 17:00.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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 3 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We found that people that used the service were satisfied with the help, care and social support they received after giving their formal consent.

One person said, "Yes I have signed my support plan and I agreed to the care that staff give me. Staff help me with personal care and everything. They ensure my dignity." Another said, "Staff provide me with some wonderful social support. I am happy with everything." Case file documentation confirmed that people had their needs met in the way they wanted.

We saw that the agency had a system for handling situations of a safeguarding nature and that staff were trained in dealing with and passing on information to the appropriate authorities. We saw that there was a complaint system and procedure that was also well managed. We found that staff had been safely recruited, were supervised and received good opportunities to be trained to carry out their roles.

We found that the agency was providing a well managed service, which meant that people understood the care and support available to them. People were able to amend their support where necessary and had their needs met at all times.

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. Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with two people that used the service, the senior care worker and two staff about seeking consent to care and support. We also looked at three case files to see evidence that people agreed to the service they received from the agency.

People we spoke with said they had signed numerous documents on accessing the domiciliary care service with Housing 21. One person said, "Oh I don't know how many forms I've signed, too many I know that. Yes I know I have signed my support plan and I agreed to the care that staff give me." Another person said, "The staff are marvellous, and they do tell me what they are going to do to help me. I am grateful for their support. If I didn't want it I would say so."

Staff told us they considered peoples' rights to make choices when they were offered support and acknowledged that sometimes people refused help for whatever reason. Staff said that where people had no memory problems they told them how and when they could expect support with their needs. Staff said where people had a memory related condition they still told them about their care, tried to assist them, but stopped offering help and tried again later if they refused help or did not want to cooperate with the staff. We discussed with the staff the importance of obtaining consent to care and the staff understood the consequences if they gave care or support without consent.

We saw in three case files that people or their relatives had signed an agreement to the terms and conditions of the agency, a care plan review form, a consent form for their support plan to go ahead, a consent form for staff to administer medication to them, a consent form about protection of data and a consent form for staff to access a key to their property. This meant that people gave written and verbal consent before any care or support was provided. There were other signed documents held in case files, which meant that people were fully consulted formally about receiving the service of care and support offered by the agency.

Before people received any care or treatment they were asked for their consent and the

provider acted in accordance with their wishes. Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

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

We spoke with two people that used the service, the senior care worker and two staff and we looked at three case files and care plans to see evidence that people had their care needs met.

People told us they were very satisfied with the support they received from the agency. One person said, "The staff have the patience of saints. I don't know how they manage to do the job without grumbling. Staff help me get up, shower, dress and everything. Staff ensure my dignity, though heaven knows I gave it up myself a long time ago. I am very satisfied with the help I receive."

Another person said, "I have received help since having my illness and though the staff don't have to help me with personal care, they do provide me with some wonderful social support. I am happy with everything."

Staff told us they provided care and support to 22 people living in Applegarth Court and that they did not have to travel between calls to people that used the service. We saw that there was a community style living complex at Applegarth, where people also used the site for spending short breaks away from family carers. This was the responsibility of another registered service.

There was also a small shop, a hairdresser and a restaurant at Applegarth Court. The staff at Housing 21 told us that people that received services from the agency often used the restaurant for their meals and as a place to gather socially for activities.

We spoke with the senior care worker and the staff about ensuring peoples' needs were met regardless of their diverse personalities and behaviour. We discussed the way in which staff treated people and they said they always treated people equally, while recognising they had different needs due to culture, religion, age and disability for example. We pointed the senior care worker in the direction of information that could be accessed on the internet about a company that championed diversity and gave advice on equipping staff to deal with the diverse needs of the people they cared for.

We saw in case files and care plans that people that used the service had a social service assessment of needs document, a support plan devised by the agency, an environmental risk assessment and other documents. These other documents included a personal

history, an assured tenancy, personal details, a weekly timetable of the support the person received, instructions to staff to ensure they read information about medication before administering it, information about cultural, spiritual, communication, financial and health care needs. We saw risk assessments for use of mobility equipment, falls, medication, fire safety, safeguarding issues, nutrition and hydration and day to day living. There were risk assessments for showering, on infection control, carrying out laundry tasks, ironing and meal preparation and for moving and handling.

The use of appropriate documentation and recording, and the information received from people about their care and support meant that people had systems in place to ensure their care and support needs were assessed, monitored and met.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

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

Our judgement

The provider was meeting this standard.

People that used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with two people that used the service, with the senior care worker and two staff about ensuring people had been safeguarded from abuse. We also looked at the safeguarding records and at staff training in safeguarding and Mental Capacity Act 2005.

People we spoke with told us they felt safe living where they did and with the staffing support they had been allocated. One person said, "I have always felt comfortable with the staff that visit me to help me, I've never had any issues with any of them. We have our personal allowances and our jewellery kept safe at all times." Another person said, "We don't keep much money on us, just enough for what we need and the staff have always been reliable. We would talk with the manager if we thought there was any need to, if anyone was nasty or abrupt."

We asked staff about the training courses they had completed in relation to safeguarding people and they told us they had completed safeguarding adults' awareness, infection control, moving and handling and hoist use, dementia care, Parkinson's awareness and equality and diversity training. When we asked staff to explain what their understanding was of protecting vulnerable adults they were able to talk about the signs and symptoms of abuse, the types of abuse and what they should do if they needed to make a safeguarding alert to social services or the Police.

We saw in case files that people had risk assessments for handling and storing medication, foodstuff and money and we saw that one person had an arrangement for making weekly direct payments to the restaurant for their mid-day meals eaten there. This was to protect them from mishandling money, losing it or having it stolen from them. The other risk assessments were for ensuring people took their medicines safely and did not keep food that was out of date.

We saw staff training records, copies of training certificates and a staff training matrix held by the agency. Staff had completed the training they said they had completed. We saw that training was updated every year or two years according to company expectations.

All of this meant that people were protected from the risks of harm associated with their environment, the activities they engaged in or the systems they had to deal with on a daily basis.

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

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 spoke with the senior care worker and two staff, and we looked at two staff recruitment files to find evidence that staff were recruited safely and appropriately.

Staff we spoke with told us they had been employed for one year and two years respectively. They had completed an application form, provided references, had a Criminal Records Bureau (CRB) check and been interviewed for their posts. One staff member said, "I used to work for Housing 21 as a cleaner first and then got the job as a carer. I had to get my CRB back before I actually started." Both staff said they had been properly recruited and interviewed for their jobs. Another staff member said, "We have had training in safeguarding, Parkinson's, dementia, fire, medication, moving and handling with hoist use and infection control, and we are doing our National Vocational Qualifications in Care at level 2 and 3." One staff member also said, "Yes we get supervisions from our manager or the senior care worker and we are able to discuss our practice, any issues for people and our own personal concerns."

We looked at recruitment files for two staff and saw that they contained a checklist and evidence of the company recruitment process. They contained application forms, references, interview reports, CRB checks, letters of invite to interviews and of appointment, employment histories, relevant qualifications, right to work in the UK, and copies of personal identification documents. There was also evidence of good health and fitness to work for the company, a 'working time directive' opt out declaration, a job description, next of kin emergency contact details and signed declarations of receipt of policies and procedures and staff handbook.

We saw in files that staff had been given regular and appropriate supervision every three months on average and that they had completed mandatory training. This meant that people that used the service were cared for by staff that had been safely recruited and appropriately trained to carry out their roles, so people had good opportunities to receive care and support that met their needs.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We spoke with people that used the service, with the senior care worker and two staff about making and handling complaints. We also looked at the complaint records and policy.

People we spoke with told us they had not had to complain about the support they received from Housing 21. One person said, "It's not often we have to complain, this is the best place there is. Staff help us with care, with our medication, and we would go to the manager if they did not assist us properly." Another person said, "The staff have the patience of saints, but I would talk to the manager if there was ever a problem with the staff or my care. I think the staff look after me very well, considering my condition."

We spoke with staff about receiving complaints from people that used the service and they told us they would always listen and pass the information to their manager. They said they had not had to handle any complaints all the time they had been working at the service, and had not been made aware of anyone actually making a complaint.

We looked at the complaint records and saw that some people had complained to the manager about various issues. The last complaint to be recorded was in June 2012 and was about the way in which particular information about a person that used the service had been recorded, though the complainant had misunderstood why something had been recorded that way. The company was dealing with the complaint.

Others included a report of poor work from a support worker that provided cleaning, not being happy with changes to days support was given, not having support in a timely manner from the 'extra care team', and a claim that the 'stand-in' shop worker had dirty hands and had been accompanied by a child with a running nose. All of these had been addressed by the company to a satisfactory level. This meant that people were able to make complaints without fear of repercussion and had their concerns listened to and resolved.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

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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