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

### Housing 21 - Goldfield Court

Dartmouth Street, Sandwell, West Bromwich, B70 8GH

Tel: 03701924000

Date of Inspection: 07 December 2012

Date of Publication: January 2013

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

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<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Housing 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Lee-Ann Adriaanzen</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Housing 21 provides a Domiciliary Care Service to people living in their own home.</td>
</tr>
</tbody>
</table>
| Type of services           | Domiciliary care service  
                             | Extra Care housing services |
| 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 7 December 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

During our visit, we spoke with seven people using the service, two relatives, three staff and the manager. People were supported in a way that enabled their privacy, dignity and independence to be respected. One relative told us, "I am very happy with the care that is provided to my relative because since moving into Goldfield Court and using the service provided by Housing 21 their health has improved". The person they were speaking about confirmed this. They told us, "I feel much better I have my independence but help when I need it".

All seven people spoken with were happy with the service provided. People had individual care plans that they had agreed too. This meant people were involved in the care that was provided.

Staff received a range of training so that they had up to date knowledge and skills in order to support people receiving a service.

The provider had clear procedures in place to identify and respond to suspicions of abuse to ensure people were protected against abuse.

There were systems in place to monitor the quality of the service provided. Improvements were made by listening to the views of people using the service, their relatives and taking the appropriate actions.

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 expressed their views and were involved in making decisions about their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. All three staff spoken with gave examples of how they ensured that people's privacy and dignity were respected and how they involved people who used the service whilst providing care and support. For example knocking on doors, and making sure that they have all they need when helping with personal care. All seven people spoken with told us staff were respectful, friendly and respected their wishes. One person told us, "Staff are very flexible with my care, kind and considerate they always accommodate my views". Another person told us, "Staff are really helpful and when my friends come to see me staff are very polite to them also, my health has improved immensely since I have had help from the staff". This meant people's choice and preference were being met and people using the service made decisions about their care.

People using the service told us they were given information about the service and an assessment of their care needs was undertaken by a representative of the provider or a social worker so the service would know what their care needs were and determine if the agency could meet these needs. All the people spoken with told us they knew what time staff were due to arrive to support them and that staff were punctual. All people spoken with were complementary about the care they received. This meant people using the service knew that their needs could be met, what the plan of care was and what staff would do when they attended their homes.
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 was provided and delivered in a way that ensured people's safety and welfare.

Reasons for our judgement

We looked at three people's care records; each person had a care plan that detailed their care needs and the risk involved when providing care. Each care task that staff assisted the person with was detailed to show how the individual wanted staff to help them. We saw the care provided to people was reviewed with the individual person so staff had the information as the persons care needs changed. This meant people using the service were consulted about their care on an ongoing basis.

We saw that risks assessments gave instructions to staff on how to minimise risks that had been identified when supporting people with their care. All seven people spoken with confirmed that before any care was given staff consulted them about the way they wanted their care to be provided. This meant people's preferences were respected and they received care that met their individual needs.

We asked three staff about the people they supported. They were able to tell us about people's individual care needs, how they were being cared for and how they liked to be treated. One staff member told us, "People are individuals and we aim to treat them, as such, this is why we ask each time we assist them if what we are doing is right". All staff spoken with told us, that they encouraged people to do as much as possible for themselves. This was confirmed by all the people using the service when we spoken with them. One person told us, "I don't need much personal help as I do this myself, I just like staff to be there in case I need some support". This showed that people were supported to be as independent as possible.
| 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 had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

### Reasons for our judgement

Staff told us that as part of their induction they received training so that they were aware of the different types of abuse and knew what to do should they witness anything. They were aware of the relevant external agencies that they could contact in order to ensure that people were protected from harm. Staff told us they were aware of the policies and procedures around whistle blowing and protecting people from the risk of abuse. Training records showed staff had received training in the protection of people. The provider had procedures in place to report concerns to the appropriate authority. The manager told us that no referrals had been made. This meant staff had the knowledge and the skills to identify signs of abuse and take the appropriate action to protect people.

All seven people spoken with told us they had no concerns about the care staff who attended their home. They told us all the staff were supportive and they felt safe with them. One person told us, "I am very happy with the staff and the service I get I feel very safe and secure". Another person using the service told us, "When I was living on my own I was always worried, not now I have a very comfortable flat and only have to ring my buzzer and help is at hand". This means people using the service felt safe and secure when staff attended their homes.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Staff received appropriate professional development, so people using the service were cared for by staff that were trained and supervised appropriately to meet their need.

Reasons for our judgement

We spoke with three staff about their training, and the support they received from the provider. They told us they were given the opportunity to undertake training in specific areas to meet peoples care needs. All three staff spoken with told us they had regular training, which included topics such as fire safety, first aid, health and safety, infection control, food hygiene, safeguarding, moving and handling. This was confirmed when we looked at training records. This should mean that staff have the skills to meet people's needs safely.

All staff told us spoken with told us that they had supervision every four weeks. At supervision, they had the opportunity to discuss the service provided and the people they looked after. We looked at three staff records, which confirmed staff received supervision and personal development to support them to meet peoples care needs. This meant there was a system in place to monitor staff performance and give guidance and support when needed.

All staff spoken with told us they had regular staff meetings took place so staff had the opportunity to voice their views about the service and people they were caring for. All staff spoken with told us they felt supported and had the information they needed to meet peoples care needs and for their roles. One person using the service told us, "All the staff who come to me are very good I think they do a really good job". All seven people spoken with told us they did not have any concerns or complaints about the way staff looked after them. This meant staff supported people in a way that meet their needs.
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.

People who use the service, their representatives and staff were asked for their views about their care and the service provided and improvements were made were required.

Reasons for our judgement

We asked four of the seven people spoken with what they would do if they were not happy with their care or the way in which their care was being provided. They all told us they would speak with the manager or staff. One person told us, "Staff are very good when I have raised an issue they bent over backwards to sort it out for me. They did not need to because it was nothing to do with my care, as I am very happy with the help I have". All seven people spoken with told us they knew how to complain and felt confident their concerns would be listened to and action would be taken to resolve them. One person using the service told us, "They do their best to make sure everyone living here is happy. You only have to say you are not happy with something and the staff are there trying to sort things out for you".

A system was in place to record and investigate any complaints made. We saw from the complaints log that the provider had had two complaints in October 2012; both complaints had been addressed appropriately. This meant the provider listened to people’s views about the service provided and put systems in place to prevent further occurrences.

We saw from records sampled that regular reviews took place in relation to people’s care and the general running of the service. The provider sought feedback about the service from people using the service by ensuring regular review meetings took place, general meetings and sending out questionnaires. The provider completed an overall analysis annually. This meant that the provider monitored the service provided and made improvements where required.
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.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>Enforcement action taken</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.