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

Housing 21 - North Tyneside

Suite 2 SV Rutter Business Centre, 126 Great Lime Road, Newcastle Upon Tyne, NE12 6RU

Tel: 03701924111

Date of Inspections: 17 January 2014
16 January 2014
14 January 2014
19 December 2013
18 December 2013
17 December 2013

Date of Publication: February 2014

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</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. Audra Proud</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Housing 21 - North Tyneside provides personal care and support to people in their own homes in the North Tyneside area.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Domiciliary care service</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Personal care</td>
</tr>
</tbody>
</table>
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’.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>6</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>8</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>9</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>10</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>About CQC Inspections</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>How we define our judgements</td>
<td>16</td>
</tr>
<tr>
<td>Glossary of terms we use in this report</td>
<td>18</td>
</tr>
<tr>
<td>Contact us</td>
<td>20</td>
</tr>
</tbody>
</table>
## 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 17 December 2013, 18 December 2013, 19 December 2013, 14 January 2014, 16 January 2014 and 17 January 2014, 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, talked with staff and talked with commissioners of services. We talked with local groups of people in the community or voluntary sector.

### What people told us and what we found

We visited 10 people who used the service, two relatives and spoke with a further 11 relatives by telephone to find out their opinions about the service. On the whole, we received positive comments about the care and support people received.

People and their relatives were happy with the service being provided. Their comments included, "They're excellent." "They're very nice. If I want anything done, they will do it." "They're all pretty good. They know their jobs." "Mam likes them and trusts them. They have a bit talk to her."

We found the provider worked in co-operation with other people, such as relatives and social services personnel, who were also involved with people's care. Relatives caring for people using the service told us communication worked well. For instance, one said, "They let me know important information."

Appropriate checks were undertaken before staff began work. People were complimentary about the staff. We found staff were appropriately qualified, skilled and experienced to meet people's needs. They were supported to deliver care safely and to an appropriate standard.

The provider had an effective system to identify, assess and manage risks to the health, safety and welfare of people who used the service.

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

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 confirmed that the staff were reliable and arrived on time. Most told us they had a consistent team of care workers to support them and that their care workers always stayed for the required time period. They told us they had not experienced any missed calls within the past year. We checked with people whether they had been given the support they needed with their care which all confirmed.

Their comments included, "I've no worries. They help me with the bath and things like that." "I'm quite happy with it. I know I'm being looked after. The girls come in and sit with me. I know fine well someone cares for me. Otherwise I would be on my own." "They're all very helpful."

Relatives of people who used the service told us, "They're wonderful. You can't fault any of them." "They're kind and gentle. They listen to what my relative has to say. They treat her with respect. Everything you could want." "They're very nice people. I'm happy with them. There's a canny lass; my wife thinks the world of her."

We found people's needs had been assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans described people's needs clearly and how they wished to be supported. For instance, one person told us he had asked that a male care worker assist him with showers and his requirements were always met. Risks to their safety had also been identified and taken into account.

We observed two care workers supporting one person. We saw that they were professional, friendly and caring and that they explained and provided the care the person needed. The care provided by the care workers matched what was described in the person's care plan. The person who received the care told us, "It's a good service. The girls are lovely. They know what they're doing. I like all of them."

People using the service told us they had contact telephone numbers for both the office and the out of hours service if they had an emergency, outside normal office hours. This...
showed there were arrangements in place to deal with foreseeable emergencies.
Cooperating with other providers

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

A representative of the local authority commissioning department told us that the service worked well with them. When we looked at people's care records we saw that the staff obtained detailed assessments from the local authority about people's needs before they agreed to provide care. This helped ensure they had an up to date picture of people's needs.

We also saw that referrals were made to relevant professionals when people's needs changed. For instance, an occupational therapist had reviewed how one person should be supported after the person had a spell in hospital.

Their relative told us, "Mother has had a social worker when she has been in hospital. They sent a report to Housing 21 to tell them about changes (in her health). The social worker visits and updates the office about any changes. (The care workers from Housing 21) are wonderful. You can't fault any of them." This showed that the provider worked in co-operation with other organisations providing care to people to ensure vital information was shared.

Most relatives we spoke with told us that there was good communication between themselves and the provider which helped ensure important information was shared in a timely way. One relative told us that she and the manager of the service were going to meet with a social worker to discuss her relative's changing needs. A relative of another person who used the service explained how they had established effective means of exchanging information, via messages and notes, with care workers who helped support their relative. Describing a time when their relative had required antibiotic medication, they commented, "This was great." We looked at the records which showed that the care workers recorded the information they had shared with relatives who also provided care for the person concerned.

A care worker told us, "We keep log books. They're always full of notes from me. I always put exactly what I've done. I explain how I have assisted and how the client was." This showed that care workers were aware of the importance of working closely with other people, such as relatives, involved in providing care to people.
Requirements relating to workers

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

Met this standard

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

Staff confirmed, and we saw in staff records, that appropriate checks were undertaken before staff began work. Staff were required to complete application forms when they applied for their positions, which included declarations of their fitness to undertake the work and a full employment history. We saw that identity checks had been carried out in respect of the staff we checked. We also saw records which confirmed that satisfactory checks had been obtained through the Disclosure and Barring Service (DBS), before staff started work.

The provider had also obtained references from recent previous employers. We saw that records were kept of the interviews staff attended before a decision was made to employ them. Copies of certificates in relation to relevant training and qualifications were obtained by the service for those staff with previous related experience.

A care worker told us, "I was employed in care so Housing 21 took up references from my employer. They did the DBS and checked my certificates. I had to take in my passport and driving licence. I didn't start until everything was cleared."

This showed there were effective recruitment and selection processes in place.
Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We found that staff received appropriate professional development. People who used the service told us that the care workers understood their needs. Their comments included, "It's a good service. They know what they're doing. I like all of them." and "They do a good job. I'm quite happy with their work."

We received positive comments from relatives about the care workers. These included, "The staff are good calibre." "(Name of care worker provided) goes out of her way and checks and asks how things are." "(Name of care worker provided) is amazing. (Name of care worker is provided) is outstanding."

The manager told us that staff were given induction training as well as training in specific areas such as: moving and handling people, safe handling of medication and first aid. She confirmed that much of this training was repeated annually.

Following this initial training, new workers accompanied experienced care workers until they were confident about carrying out their role independently. A person who was using the service told us, "The new starters get trained and they come out with experienced workers. I've had no problems." Another person who used the service told us, "When they're training, they bring a shadow. I've listened to them and heard what they've told the new person and I make sure they've told them right."

We spoke with four care workers who told us they had received good training. One, who had started work with the provider in the past year, told us they had been given induction training and said, "I felt more than well prepared." Other staff commented, "I've had loads of training." and "They're very up to date with training. Every year we are in for refresher training - moving and handling, safeguarding, infection control, medication."

The registered manager told us staff were given an annual appraisal as well as regular supervision. We looked at supervision and appraisal records for four members of staff. Staff confirmed they received regular supervision and that they felt they could discuss any issues or concerns with the manager. A care worker commented, "(The manager) goes above and beyond. She is very approachable. Some managers sweep things aside but she listens and does something about it." This showed that staff felt supported in their
roles by the provider.
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 asked people who used the service whether the provider carried out any checks or asked for their views about the quality of service they received. We received mixed views from people and their relatives.

A relative told us, "I've had one or two visits from the office to check the books and ask if I have any concerns."

Some people using the service confirmed that they had been asked for their views. One told us, "They came once last year. That's the only time." Another person said, "Once a month they come out. They're also on the phone. I asked about one of the workers coming too late for me. They changed this."

Another person commented, "The office rang; a good few months ago and someone came last week." We saw a record in this person's home showing this person's care had been reviewed with them.

Another person said, "Once a year we have a review of what is necessary but that is all we hear from the office. They never ring up and ask how things are. That never happens." We saw a record of the annual review, which the person confirmed had taken place a few weeks earlier.

The majority of service users and relatives we spoke with told us that no-one had rung or visited to check the quality of service they received.

We discussed this with the registered manager who told us that office based senior care workers carried out a specific number of quality assurance checks each month by telephone, which meant that every person using the service should be contacted at least every two months. We saw records of these contacts, which included some of the people we had spoken to. The records made of the telephone calls were usually brief notes such as "No issues."

The manager also told us that a more in depth review of people's care would also be
carried out every three months, usually by telephone but sometimes by a home visit from senior staff who worked in the office and who also provided direct care to people. This was confirmed by a relative, who told us one of their care workers also worked at the office and from time to time asked them, "How are things?"

A person using the service also told us their care had been reviewed by their senior care worker and we saw the record of this in the person's home. The document showed the person had been asked for information about any changes in their health and care. They had also been asked for their opinions about the care they had received. Their senior care worker also explained this process to us.

Another person using the service told us, "About two or three weeks ago (name of care worker) stayed after my time was up and she asked me questions about what I thought and if I wanted any changes. Knowing (care worker) I didn't keep anything back. If I had any complaints, I would tell her but I've none." We saw records showing that this person's care had been reviewed with them.

We discussed this process with the manager who was confident senior care workers were robust and thorough when carrying out these reviews. The provider might want to consider whether all service users would be prepared to give their frank opinions directly to a care worker who provides care to them.

The manager told us that senior staff in the office also carried out spot checks on about six care workers per month to make sure they were carrying their roles appropriately. During these spot checks, the senior member of staff would also carry out a medication competency check. A care worker confirmed they had experienced a spot check. They also explained that the records kept in service users' homes were taken to the office at regular intervals so that they could be checked and audited. The care worker commented, "We keep an eye on things to make sure staff have done what they need to do. (Office staff) phone or visit people."

On balance, whilst a number of individuals we spoke with were unable to recall visits or telephone calls to check on or review their care, the documentary evidence suggested that there was a system in place to review care and monitor progress and care delivery.

People using the service were aware of how they should raise any concerns or complaints and we saw the records kept in their homes contained clear information about the complaints procedure. Most people told us they had no complaints or concerns. A relative told us they had raised a concern about a care worker and this had been dealt with to their satisfaction.

A relative told us they had made several complaints about the timing of their relative's visits, which had since been resolved although it had taken numerous calls to office staff before this happened. The manager told us that another office dealt with some calls, which were made out of hours, and this had caused some communication difficulties. The Locality manager for the service told us they were reviewing the out of hours service in order to make improvements.

At the office, we saw that records were kept of complaints made and the action taken in response to the issues raised. For instance, one person had complained that evening visits were too late. As a consequence, the time of these visits were changed and the person's relative confirmed that this had resolved the issue to their satisfaction.
We saw that a log was kept of any safeguarding concerns and incidents, such as missed calls. The actions taken were described clearly as well as any further action required. The provider may wish to note that in one case, where an investigation had taken place into a missed call, the manager was unable to produce documentary evidence to show that the improvement actions identified had taken place. These included a follow up discussion in supervision with the care worker involved as well as refresher training.

On the whole we considered the provider took account of complaints and comments to improve the service.
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 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.

<table>
<thead>
<tr>
<th></th>
<th>Met this standard</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Action needed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</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>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Enforcement action taken</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</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>
<td></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. 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:

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

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.