

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

## South Yorkshire Housing Association Domiciliary Care Service

Stonelow Court, Stonelow Road, Dronfield, S18  
2FY

Date of Inspection: 21 February 2014

Date of Publication: March  
2014

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

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	South Yorkshire Housing Association Limited
Registered Manager	Mr. Gareth Parkin
Overview of the service	South Yorkshire Housing Association is a large organisation which delivers a number of projects related to social housing and social care for people who live in Yorkshire, Nottinghamshire and Derbyshire.
Type of service	Domiciliary care service
Regulated activity	Personal care

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*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

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### Why we carried out this inspection

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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 announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 February 2014, 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 carers and / or family members and talked with staff.

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### What people told us and what we found

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Our inspection focussed on the personal care service provided by South Yorkshire Housing Association. When we visited the service we found that the service had taken on their first clients in November 2013.

As part of the inspection we reviewed care plans for people who used the service and we spoke with members of staff and people who used the service.

The staff we spoke told us, "I really enjoy my work."

We spoke to people who used the service or their family members. One person told us, "The people are so thoughtful and look after me."

We discussed safeguarding matters with the Services Manger and staff and we reviewed the Provider's comprehensive safeguarding policy.

We looked at how the organisation supported its staff and talked with staff about their experiences. Finally we reviewed the Provider's policies and procedures for managing quality assurance and complaints. We found that the policies in place meant that services were reviewed regularly and any concerns or complaints were managed appropriately.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### Reasons for our judgement

We looked at care plans for people who used the service. The plans included a clear initial assessment of the persons needs, including, for example preferences for the gender of the carer.

The plans identified how services were reviewed and how the people who used the services were involved in decisions about the service they received. We saw that regular reviews of care took place, where a member of staff discussed needs with the person and, together, they identified any issues or concerns. We saw that staff feedback about the care and support provided was included on the care plans.

This meant that the people who used the services were actively involved in the care and support provided.

We saw that care was planned and delivered in a way that was intended to ensure people's safety and welfare. The care plans included appropriate risk assessments and these had been reviewed and updated on a regular basis. This meant that the health and welfare of the people who used services was managed appropriately.

We saw that people were able to express their views and their preferences taken forward as part of the service delivery.

When we spoke with people who used the service we received positive feedback about the quality of care and the attitude and approach of the support workers.

One person who used the service told us, "They are very nice to me; it makes a big difference to my day."

We spoke to staff and they demonstrated a clear understanding of treating the people who used the service with respect at all times. The staff we spoke to were enthusiastic about their work and knowledgeable about the people they cared for.

They told us, "I always mindful of the people's dignity when I am working with them."

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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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The Provider had a comprehensive and clear Safeguarding policy. We spoke with the Services Manager about the implementation of the policy and training for staff.

The Provider had clear procedures and arrangements for recording and reporting any concerns. We saw clear evidence of a strong understanding about the different types of potential abuse and a good awareness of reporting requirements.

The staff we spoke with were aware of the safeguarding policy and procedure. Staff told us they had received training and demonstrated an understanding and awareness of safeguarding and what should be reported and to whom.

The staff told us, "We have regular training and refresher sessions."

We saw that the care plans included an ongoing assessment of communication abilities of the people who used the services and their preferred method of contact and communication. This meant that the people were encouraged to express their feelings and had input and influence in their care and well being.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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The Provider had policy and procedural documents outlining the approach and principles for staff management and support arrangements.

We looked at some staff files and saw that individual training needs were discussed, and learning and development plans were in place.

The Provider had a training matrix for staff on an electronic database, which provided automatic reminders for when training was due. Training included, for example, safeguarding, moving and handling and diversity awareness.

We saw evidence of regular supervision sessions for staff. Supervision was provided as a minimum three monthly basis or more frequently as required. This meant that the Provider had made sure that staff had been given suitable training and development opportunities in order to carry out their roles.

An annual appraisal system was in place and we also saw that staff were supported to obtain additional relevant qualifications.

Regular, monthly, team meetings were held and ongoing support was provided to all staff across the service.

The Provider had worked continuously to maintain and improve standards of care.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We reviewed the policy and procedures the Provider had in place to make sure the quality of services delivered. With a well structured service review and monitoring system the Provider had a 'Praise and Grumble' scheme, which encouraged feedback from people who used the services.

We saw that information about how to raise a concern was provided in a number of different formants and clear instructions and guidance was available to help staff understand the best way to support people if they wished to make any comments.

The Provider also had guides to services available in different languages and formats. This meant that the Provider had taken reasonable steps to make sure people were supported if they wished to provide feedback.

The Provider undertook an annual customer satisfaction survey and produced, on a more regular basis, a local 'You said We did' report, which identified how local questions or concerns had been addressed and resolved.

We also saw how the Provider had a formal arrangement in place to facilitate consultation with people who used the service about and suggestions or proposed changes to services. This meant that the people who used the services were fully involved in designing and developing services.

Finally, we saw that Managers across the service undertook a random audit of ten percent of all case files, with outcomes reports to Service Managers across the organisation for performance monitoring and evaluation purposes.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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The Provider had a formal policy dealing with the management of complaints. At the time of our inspection no formal complaints had been received. However, we saw clear and detailed arrangements and procedures were in place to deal with the recording and reporting of any incidents and accidents.

The complaints policy identified the step-by-step procedures to be followed when a complaint was received. We saw that key-workers were able to support people to make a complaint. The policy confirmed that information about a concern or complaint could be accepted over the telephone, given in a face-to-face meeting or in written format.

The policy included clear timescales by which all complaints should be managed and timescales by which responses should be provided. A clear escalation process was in place, with referral to the Provider's Performance Section at their headquarters office.

We spoke to people who used the service and they told us that they would telephone the office if they wanted to raise any concerns or to check anything.

The Provider had a formal and structured system in place to deal with concerns arising, and this meant reasonable steps had been taken to manage people's complaints.

## 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.

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

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

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

## How we define our judgements (continued)

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

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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