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 Inspections: 31 October 2013  
29 October 2013   
Date of Publication: November 2013

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>
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<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓ Met this standard</td>
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</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. Jayne Louise Price</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Housing 21 provides support and personal care to adults who live in their own flats within this extra care facility.</td>
</tr>
</tbody>
</table>
| Type of services     | Domiciliary care service  
                        | Extra Care housing services |
| Regulated activity   | Personal care |
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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 29 October 2013 and 31 October 2013, 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 reviewed information given to us by the provider. We reviewed information sent to us by commissioners of services.

What people told us and what we found

There were 91 people living at this extra care facility on the day of our inspection. People who lived there had various levels of need. At least 24 people who lived there did not require any care. Sixty seven people did require care. Some of those people required minimal support and prompting whilst others required in excess of four calls a day to provide full care and support.

During our inspection we met and spoke with 20 of the people who lived there, eleven relatives and seven staff.

All of the people and their relatives we spoke with told us some positive things about the care provided. One person said, "I did not really want to leave my home but I was not safe. I am settled here now and am happy". Another person said, "I like it here". One relative said, "Now I know that they are safe I feel so much better. They were at risk when they lived at home. I have no concerns". Another relative said, "They are well looked after". However, a small number of people told us that some improvements could be made particularly concerning activity provision.

We determined that a range of health care professional input had been secured, including specialist doctors and district nurses, to monitor and meet people's healthcare needs. We saw that equipment needed to prevent risks and meet people's needs was available. This meant that steps were in place to enable people to have their healthcare and safety needs met.

In general we found that medication management systems were in place to enable people to have their medication as it had been prescribed by their doctor.

We found that adequate staff were provided to meet people's needs.
We saw that recruitment processes ensured that staff employed were suitable and safe to work with the people who lived there. This protected people who lived there from the risk of harm and abuse.

We found that some systems had been used to monitor how the service had been run and people had been encouraged to give their views about the service provided.

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

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**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

<table>
<thead>
<tr>
<th>Care and welfare of people who use services</th>
<th>Met this standard</th>
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</thead>
<tbody>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
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</table>

**Our judgement**

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

**Reasons for our judgement**

During our observations we saw that staff were polite and respectful to people. We heard that staff called people by their chosen name and spoke to them in a polite and friendly manner. People responded to this by chatting with staff and smiling. One person who lived there told us, "The staff are really good. They are always friendly and polite". A relative said, "The staff are helpful and polite".

We saw that people who lived there wore clothing that was appropriate for their age, gender and the weather. Care plans we looked at highlighted that staff, "Should ensure that people who lived there chose the clothes that they wanted to wear each day". People told us that a service from a hairdresser was available and that they had their hair dressed regularly. This meant that staff had known that it was important to people to look their best and they had supported them to do that.

People had their own individual flats. All people and relatives that we spoke with confirmed that people had furnished their accommodation to their choosing to suit their personal preferences and lifestyles. People told us how much they liked their accommodation. One person said, "It is important to me having my own things in my flat. It makes it feel my own".

People we spoke with told us that staff had encouraged them to remain independent. A number of people told us that they went out on their own. Another person told us that they liked to do their own food shopping and cooking and staff had supported them to do that. That meant that staff encouraged and supported people to retain their independence and life skills which was what they wanted.

All people and/or the majority of relatives we spoke with confirmed that they were involved in care planning and decision making processes. One person said, "The staff speak to me and ask me about the care that I need". Another person said, "The staff asked me questions before I came to live here about the care I need. They provide my care to my
liking”. A relative told us, "The staff have always involved us and discussed with us decisions that need to be made”. We asked a number of people who lived there about the care that they received. This meant that processes were in place to ensure that people were being cared for in the way that they preferred.

All people told us that staff delivered the care they needed at the time that had been agreed. One person said, "Occasionally the staff are a bit late if they have been delayed caring for someone else but it is not often". Another person said, "Most of the time staff turn up at the correct time". None of the people we spoke with highlighted that there had been a time when staff had not turned up at all. However, when looking at records we found that there had been at least one occasion when staff had missed a care call. We found that those had been dealt with appropriately to prevent reoccurrences.

We found that where it was needed pendant/ alarm systems had been provided and were used. Those alarms enabled the people who lived there to alert staff if for example if they felt unwell or needed help. One person said, "I have only used my alarm once. That was last week. The staff came and helped me very quickly". This showed that steps had been taken to identify and prevent risks of falls and other untoward events.

We had been made aware of a situation where a person who lived there had not received the support they needed and had become unwell. We found that appropriate action had been taken following the incident and that staff had reviewed the way they cared for that person and improvement had been made to prevent further occurrences.

All people and relatives we spoke with told us that in general the care provided was good. One person who lived there said, "I was ill last week. They got the doctor for me. I feel better now". A relative told us, "They were not well the other week. They phoned and told me. When I arrived the manager was sitting with them to monitor the situation and give them assurance. I was very impressed with this". This showed that when people were ill steps were in place to ensure medical input was secured and that people were supported appropriately.

We followed the care of five people who lived there. We looked at their assessment of need and risk assessment records, their support plans and a sample of daily records regarding the support that they had been given. The registered provider may wish to note that although most people’s care and support had been planned and delivered in a way that had promoted their health and welfare we saw that some risk assessments and support plans lacked detail. For instance, there was little instruction for staff to follow on how to care for medical conditions, examples being diabetes, Parkinson's disease or arthritis. This meant that there was a risk that staff may not know how to meet people's needs. We raised this with the person in charge at the time of our inspection. By the end of our inspection that person showed us that they had already started to address that issue by putting more detail in the care records.

People we spoke with were pleased that a staff member took a batch of 'Metro' newspapers into the complex everyday they worked. People told us that they enjoyed reading those newspapers. All people we spoke told us that some recreational activities were offered. We saw that a cinema room had been provided on the top floor of the complex. The cinema room enabled people to watch a range of films individually or as a group session. We were told by staff and people who lived there that twice a week sessions were held which included baking. One relative told us, "They used to knit but have not for a number of years until recently. Staff have encouraged them to knit again".
We determined that some events had been planned for example a recent tea party and a future Christmas fete. We saw that brochures had been obtained for future theatre trips for people who wished to participate. Meeting minutes confirmed that different activities had been tested an example being 'crib' nights which had not been well attended. It was clear that some activity provision was offered that people enjoyed. The registered provider may wish to note that a number of people who lived there and their relatives told us that they felt that recreational provision would be better if in-house recreational opportunities were offered more frequently. "One person said, "At times it is boring here". Individual review documents for two people that we looked at also highlighted that they would like more activities. One person had commented, "Not much activities here only cooking". 
Management of medicines

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

Our judgement

The provider was meeting this standard.

People were protected against risks associated with medications because the provider had appropriate arrangements in place to manage medication.

Reasons for our judgement

A number of people both looked after and took their own medication. We saw that risk assessments had been undertaken to ensure that they were safe to do this. People we spoke with who did not manage their own medication told us that they were happy that staff managed their medication. They told us that staff gave them their medication and they were happy with that. One person said "I am really glad that the staff look after my tablets for me. I have so many I think I would do it wrong". Another person said, "The staff asked me but I want them to look after my tablets".

We were told by staff and the person in charge during our inspection that regular checks of some people’s medication had been undertaken to make sure that people were taking their medication as it had been prescribed by their doctor. They highlighted however that for people who chose to live there who did not require care and support there were no control processes regarding their medication. They managed their medication independently. We saw that a locked facility was available in each person's flat to ensure that their medication was kept securely. All staff we spoke with and records we looked at confirmed that staff had received training in medication safety and management.

We saw that a process was in place for medication that had not been used to be returned to the pharmacist. This meant that the risk of people holding medication that was excess to requirements had been avoided.

We saw that audits had been carried out to ensure that medication had been given to the people who lived there as it should have been. We looked at medication records for five people who lived there and found that they had been appropriately completed and signed by staff to confirm that the medication had been given. We saw that a record of the precise number of tablets that had been given had been made for example one or two. This meant that processes were in place to promote medication safety and to prevent risks to people who used the service.

The person in charge told us that they were not involved in ordering people's regular medication. A dispensing community pharmacist obtained the prescriptions from people's doctors, dispensed the medication and then delivered it to the individual people who lived
there. The registered person may wish to note that without staff seeing the original prescription they may not be able to confirm that the medication provided was as it had been prescribed by the doctor.

During the last year we had been made aware by the staff of one medication error and one 'missed' medication. This was where staff did not give one person their medication that had been prescribed by their doctor. Processes had been followed following the incidents. The manager had informed us and the local authority safeguarding team. This showed that staff were open and transparent about the untoward medication events.

The registered provider may wish to note that the medication boxes and packets that we saw had not been dated by staff when they were first opened and used. Putting the date on the packets would provide an additional means of audit to confirm that the correct number of tablets had been given.
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 skilled and experienced staff.

Reasons for our judgement

We looked at four staff files to find out if appropriate checks were undertaken as part of the provider's recruitment process and found that they had. We saw evidence of completed application forms and interview records. There was also proof of identity. We saw that references had been requested and an enhanced Disclosure and Barring Service (DBS) check had been undertaken before staff were allowed to start work. This meant that recruitment processes and checks gave people who lived there some assurance that only suitable staff had been employed by the provider.

We saw completed documents to confirm that induction programmes had been worked through by staff on commencement of their employment. The induction programme covered training in a range of core areas and included a competency assessment to evaluate learning. We were told by the staff member in charge that all new staff undertook shadowing time with more experienced staff to assist them through their formal induction programme. This was confirmed by all staff we spoke with. A member of staff we spoke with told us about the induction processes that new staff had to work through before they started to provide care to the people who lived there. This included being trained and looking at policies and care plans to prepare staff for their role. This showed that some processes were in place for new staff so that they were given some knowledge of what would be expected of them when they started working with the people who lived there.
**Staffing**

| Met this standard |

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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**Our judgement**

The provider was meeting this standard.

There were enough skilled and experienced staff to meet people's needs.

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**Reasons for our judgement**

All people who lived there and the relatives we spoke with were very complimentary about the staff. They used words such as "Nice", "Friendly", "Kind" and, "Helpful" to describe the staff. One person said, "The staff are all very good". Another person told us, "The staff are all very nice". A relative said, "The staff are all very good. They are all very patient". Another relative told us, "Overall the staff are good. They are lovely".

All staff we spoke with told us that in their view there were enough staff provided to meet people's needs. People told us that staff were available when they needed them. One person said, "Staff are always around when we need them". Another person said, "If I press my call bell the staff come to me straight away. The person in charge told us that in the recent past there was a problem with staffing. They also told us that to address that new permanent staff, and some bank staff who could be called upon to cover sickness and leave, had been recruited. This meant that adequate staff were available to meet people's needs and to keep them safe.

Staff spoken with told us that they received training which was updated regularly. Training records we sampled showed that most staff had received the training they needed and this had been regularly updated. The training included moving and handling, safeguarding, nutrition and wellbeing and dementia training. The staff member in charge told us that managers and some senior care staff had received specialist training from the district nurses about how to monitor the blood sugar of people who had diabetes. This meant that staff had been equipped with knowledge so that they knew how to support the people who lived there to safely meet their needs.
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

Our judgement

The provider was meeting this standard.

The provider had a system in place to assess and monitor the quality of service that people receive.

Reasons for our judgement

Records we looked and the people who lived there confirmed that regular meetings were held to enable staff to brief people on forthcoming plans and events and for people to give their views on the service provided. We found that where issues had been raised by people collectively they had been listened to and acted upon. For example people had asked for a Royal Mail post box to be provided at the complex. We saw that the manager had made a request to Royal Mail personnel twice and both times the request had been rejected. The manager had taken the issue to the local Member of Parliament (MP) to action. At the time of our inspection the issue was still ongoing.

Records we looked at confirmed that an individual review had been undertaken or had been planned for each person who lived there requiring support and care. The completed individual service review documents that we looked at highlighted positive comments about the service provided. They highlighted that people were "Happy," and "Satisfied," with the service provided. Records we looked at and people and their relatives we spoke with both confirmed that they were asked to complete surveys on a regular basis this was aimed to enable them to give their views on the service provided. The 69 completed survey documents that we saw highlighted that most people were happy and had no concerns with the service provided. However, a very small number had raised issues that they were not satisfied with. The majority of the issues raised had been about their flat for example a drawer sticking in the kitchen and the flat being too hot. Only three were about care and welfare issues (two of those about activity provision). This showed that steps were in place to give the people who lived there and their relatives an opportunity to discuss the service provided and for them to raise any issues they were not happy about. This also showed that the majority of the people who lived there were happy with the overall service provided.

We saw that a system was in place for handling complaints that would allow any themes or trends to be identified and acted on. People and staff we spoke with were aware of complaints processes and what they should do if they or the people they cared for were not happy. One person said "If I was not happy about something I would tell the staff". A relative told us, "If I was not happy about something I would tell one of the staff. I have
raised small issues in the past and they have been resolved”. This meant that systems were in place for people and their relatives to follow if they had any concerns or 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.

**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.