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

## Housing 21 - Roman Ridge

Lavender Way, Sheffield, S5 6DD  
Tel: 03701924842

Date of Inspection: 03 July 2013

Date of Publication: July 2013

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

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<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>Complaints</td>
<td>✓</td>
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<td>The domiciliary care service provides personal care to people living in their own homes within the Roman Ridge extra care housing scheme. The service is based in an office on the ground floor of the housing scheme.</td>
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</table>
| Type of services | Domiciliary care service  
Extra Care housing services |
| 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

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 announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members.

What people told us and what we found

All the people we spoke with told us that they were treated with respect. They also told us that their opinions were sought so that they were involved in decisions and that they had choice. Their comments included: "the staff listen to me"; "I can go to bed when I want to" and "I am treated with dignity and respect".

People made positive comments about the staff and were satisfied with the quality of care that they had received. Their comments included: "I am very happy with everything and I am always asked what I want", "they (staff) are wonderful" and "the seniors care workers are really very good".

We spoke with two relatives who were very satisfied with the quality of care their family member had received. Their comments included: "they (staff) are all very nice and wonderful, I am fully involved in the care planning" and "they are pretty good".

All the people we spoke with told us that they "felt safe" and that they had no worries or concerns. All the staff spoken with were clear about what their roles and responsibilities were and the action they would take if they saw or suspected any abuse.

Staff spoken with told us that they were supported. Staff were provided with relevant training to maintain and update their skills and knowledge.

We found that a clear recording process was in place to log and record informal and formal complaints.

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.
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<th>Our judgements for each standard inspected</th>
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<tr>
<td><strong>Respecting and involving people who use services</strong></td>
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<tr>
<td><strong>People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run</strong></td>
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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

### Reasons for our judgement

During the inspection we spoke with five people in their homes within the Roman Ridge extra care housing scheme. All the people we spoke with told us that they were treated with respect. They also told us that their opinions were sought so that they were involved in decisions and that they had choice. Their comments included: "the staff listen to me"; "I can go to bed when I want to" and "I am treated with dignity and respect". One person told us that they did not always experience positive interaction with staff and that occasionally some staff would speak over their head and talk to each other rather than to them. They commented: "they (staff) talk to each other and don't talk to me".

We spoke with two relatives who told us that they received good communication from staff and that they were fully involved in their family members care planning.

We spoke with two members of staff who were able to describe how they maintained people’s privacy and dignity. The examples included ensuring doors and curtains were closed and calling people by their preferred name. Staff described how they promoted choice. The examples given included: the right to get up and go to bed when people chose to and the right to chose what to eat and drink. During the inspection we observed staff speaking with people and asking them for their meal and drink preferences.
Care and welfare of people who use services

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People we spoke with made positive comments about the staff and were satisfied with the quality of care that they had received. Their comments included: "I am very happy with everything and I am always asked what I want", "they (staff) are wonderful", "the seniors care workers are really very good" and "they (staff) treat me very well and they are considerate".

We spoke with two relatives who were very satisfied with the quality of care their family member had received. Their comments included: "they (staff) are all very nice and wonderful, I am fully involved in the care planning" and "they are pretty good".

We looked at three people's care records. They contained a range of information that covered all aspects of health and personal care. The information included: personal hygiene, mobility, medication and a "pen portrait" of a person's life history and family. We saw that peoples' preferences, likes and dislikes were documented in the care plans. We also looked at peoples daily records and we saw that staff had recorded details of the person's well being and the tasks they had completed. We saw that the tasks recorded reflected those in the person's care plan. We found that people's care plans and risk assessments had been reviewed regularly and responsively.

The provider may find it useful to note that some care plans had details of the persons GP surgery but not the name of their GP. Staff spoken with told us that if people had to be admitted to hospital they were always asked to provide the name of the person's GP.

Staff spoken with told us that they had an opportunity to read people's care plans before they started supporting them. Staff told us that people's care plans contained enough information for them to support people in the way they needed. One staff member told us that they had shadowed another member of staff for several weeks when they started working at the service and they had been introduced to people before they started supporting them on their own.

People told us that when they had called for assistance using the alarm cord in their room or used the pendant they wore they had received assistance from staff within a reasonable amount of time. We observed during the inspection that people with restricted mobility...
were able to reach the alarm cord and/or a pendant to call for assistance.

The provider may find it useful to note that two people and staff were concerned that there was only one staff member providing sleep in support at night at the housing scheme. One person commented "there is only one person (staff) at night so I would not want to disturb them if I had a problem" and "I do think it is wrong there is only one person (staff) for all the flats".
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 used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All the people we spoke with told us that they "felt safe" and that they had no worries or concerns. They all said that if they had any concerns or worries they would speak to a family member or staff.

All the staff spoken with were clear about what their roles and responsibilities were and the action they would take if they saw or suspected any abuse. Staff spoken with told us that they had received safeguarding training. We checked the service's training matrix and we looked at three staff training files. We found that staff had received training in safeguarding and that there was a process in place to highlight when refresher training was due.

We looked at the Housing 21 care staff handbook. We saw that the handbook included a guide on safeguarding adults and a section on whistle blowing which encouraged staff to express any concerns they may have.

We looked at the service's safeguarding file and we saw that there was a copy of the provider's safeguarding policy and procedure. We saw that there was a clear process in place to record safeguarding concerns. We also saw that the service had a process in place to monitor any concerns about a person using the service.

The provider may find it useful to note that the service did not have a copy of South Yorkshire's Adult Protection Procedure.

The service had a process in place for recording financial transactions in people's homes. We saw that there was a policy called "service user finances" for staff to refer to in their staff handbook. All the staff spoken with were able to describe how to use the financial transaction form.
Supporting workers  

Met this standard

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.

People who use service are safe and their health and welfare are met by competent staff.

Reasons for our judgement

We looked at a three staff supervision records. The supervision records included the following: staff supervision records, annual appraisals and staff discussion records. We saw that as part of the supervision staff training was discussed. In one staff members supervision record their line manager had congratulated the staff member in completing their NVQ2 training. One staff member told us that during their appraisal that they had discussed developing their skills and knowledge and that goals and objectives had been set for the year.

Staff spoken with told us that they felt supported by the senior care workers and manager of the service. Their comments included: "I feel really supported by my line manager and the seniors" and "I can speak to any of the seniors and manager, they are really supportive".

We looked at the services training matrix and we found that the service had a process in place to identify when staff refresher training was due.

We looked at two staff training records and we saw that staff had received comprehensive induction training when they had started working at the service. The training had included the following: medication, moving and handling, infection control and safeguarding.

The provider may find it useful to note that staff had not received training in the Mental Capacity Act 2005. In the Housing 21 document service user rights it states the following in the final paragraph: "All staff should understand the principles of the Mental Capacity Act 2005."
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

People who used the service and those acting on their behalf can be confident that their comments and complaints are listened to and dealt with effectively.

Reasons for our judgement

All the people we spoke with told us that if they had any concerns they would speak to staff or a family member.

Staff spoken told us that if a person or their representative wished to make a complaint they would ask a senior care worker to speak to them. Staff told us that there was always a senior care worker available during the day for people to speak to if they had any concerns.

We found that a policy and procedure was in place for handling complaints to ensure that any complaint was responded to appropriately. We looked at the service's complaints file and we found that a clear recording process was in place to log and record informal and formal complaints. We looked at two formal complaints that the service had received in 2012. We saw that an action plan had been completed as a result of complaints. The manager had also recorded that they had contacted the person or their representative to check that they were satisfied with the outcome of their complaint. The manager informed us that the provider's locality manager audited the service’s complaint records each month when they visited the service.

We looked at three people's care plans and we saw that the records included details on how the person could make a complaint and included a form for them to use to make a written complaint.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of 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.
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:

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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.
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**(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.
Contact us

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