

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

## Chillcott Gardens

Chillcott Gardens, Bridgenorth Road, Madeley,  
TF7 4LU

Date of Inspection: 20 September 2012

Date of Publication: October  
2012

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

**Respecting and involving people who use services** ✓ Met this standard

**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

## Details about this location

Registered Provider	Coverage Care Services Limited
Registered Manager	Mrs. Carol Jane McPherson
Overview of the service	Chillcott Gardens provides care and support to people who live in their own property within the 'extra care' complex.
Type of 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

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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 unannounced 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 20 September 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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People told us that they were happy with the service from Chillcott Gardens. People told us that they were enabled to remain living at home and in their local community. The level of support people required varied and the staff accommodated this. People commented that they were consulted about how they liked tasks to be done. People told us that staff respected their privacy and dignity.

Staff met people's care and support needs in ways that they preferred and we saw that detailed records gave staff the information that they required to do this. Plans were in place to support people to enjoy their lives and staff were aware of risks, people's rights and their responsibilities.

People were protected because staff were confident about how to recognise and report abuse.

People said they were supported by a knowledgeable and well trained staff team who knew their care and support needs. They told us that staff dealt with them in an open and friendly way. People told us that staff always attended to them promptly and calls were never missed. People said that the staff were competent and always acted professionally.

People who used the service spoke of being involved in how it was run. They said they could attend meetings and staff spoke to them about their care. People explained staff continued to help them access community events where possible. They considered this important as many residents had lived in the surrounding area.

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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who used the service were given appropriate information and support regarding their care.

Staff told us that people were involved in developing their care and support plans as far as they were able. We saw that people's personal goals, choices, likes and dislikes were recorded. Information we looked at reflected our discussions, demonstrating that staff were knowledgeable about people's interests and preferences. This meant that people could enjoy living the lives they chose. One person told us, "I am very fortunate to live here, the staff are wonderful, I have always lived at home before and wasn't sure of what extra care living entailed. They came to visit me, and asked me to tell them what I would need help with. They helped me hugely".

People told us that staff were courteous, supportive and discreet. They told us that staff supported them to make decisions and then provided support at their own pace.

New care documentation was being developed with the person, and/or those acting on their behalf. It reflected their needs, preferences and diversity, identified risks, and said how these risks would be managed and reviewed. Staff described their risk assessments that balanced safety with the right of the person to make choices. Staff told us that they had received appropriate training in order to manage behaviours or concerns safely while maintaining people's dignity.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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People told us that staff looked after them well and that their care and support needs were met. People said that staff behaved respectfully towards them and listened to their opinion about how they liked things to be done.

Everyone we spoke with told us that they were getting the care and support they needed. New care records were being implemented. These records should detail how staff should safely support the person.

All the staff we spoke with described treating people as individuals and how they provided care to meet the diverse needs of people in their own flat. People were supported to go out in the local community to access services. They acknowledged people's beliefs, gender and preference for male or female care workers to carry out any intimate or specialist care.

Staff spoke of training they had been given to attend to specific care needs of some people who used the service. For example, a number of people receiving a service had dementia care needs. We were told staff had attended dementia care training. Staff described how they understood the care needs of people and how these were to be met. They understood the need to involve the family and explain treatments and outcomes if a person lacked capacity to understand this information themselves.

**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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People we spoke with told us that they considered they were safe in their home. They said they were confident in raising any concerns with the staff team or the manager and felt that concerns were listened to and acted upon.

The manager was aware of their role in relation to reporting abuse and had worked openly with the local safeguarding team in the past

Staff we spoke with confirmed that they had received training on protecting people. This showed them how to identify the various forms of abuse, how to respond and whom to report to. We were shown staff files that detailed training records about this subject.

**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 that 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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People told us that interaction between staff and themselves was friendly and professional. People said that staff were knowledgeable about how to support them.

Staff told us that they were very well trained. They told us that they had received all required mandatory training. In addition, staff had received training to meet the individual behavioural and medical needs of people living in their own home. This enabled them to offer effective care and support. We saw records to support this.

Staff told us that they were well supported to do their jobs. Everyone told us that communication and teamwork was a strength of the care agency. Staff told us that they had regular opportunities to meet as a team. They also met with their supervisor on an individual basis to discuss their personal and professional development.

## 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 received.

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### Reasons for our judgement

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People told us they felt listened to and were confident in raising any concerns. One visiting relative told us, "I'm very satisfied with the service my relative receives." Staff told us regular meetings were held to gain people's views. The outcome of the most recent meeting was shared with us. Discussions included keeping people safe, trips, activities, menu choices and likes and dislikes.

The manager advised that surveys for this current year were sent out by the provider. Results would be collated and outcomes shared with people who used the service.

The manager told us they undertook monthly audits of the service and the outcomes of these were shared with us. A senior manager within the organisation conducted monthly visits to the service to monitor the quality of the care provided.

We saw the service had systems in place to ensure the safety of people and staff. Staff told us that they attended regular meetings and received appraisals where their performance was discussed. Staff said that they were able to raise suggestions for service improvement with the manager and team leaders which were acted upon.

## 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, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ 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 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.

**✗ 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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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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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