

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

## ExtraCare Charitable Trust Berryhill Village

Arbourfield Drive, Stoke-on-Trent, ST2 9RJ

Tel: 01782204949

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	The ExtraCare Charitable Trust
Registered Manager	Mrs. Christine Clayton
Overview of the service	Beryhill Village enables older people to rent or buy a home, having access to personal care and support, and a range of social opportunities.
Type of service	Extra Care housing services
Regulated activities	Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury

## Contents

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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 22 October 2012, 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 staff.

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### What people told us and what we found

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During our inspection we spoke with four people using the service and four staff on duty, including the registered manager.

People using the service told us that their privacy and dignity was respected and one person said, "The staff are very respectful I never feel embarrassed." Another person said, "They always knock and announce themselves. They take their time and don't rush you."

We saw that people received care and support that met their individual needs and were happy with the care they received. Care records were kept up to date and included information about people's needs and preferences. One person told us, "The staff are nice, they are kind and gentle with me."

People using the service told us that they felt safe. We observed the way staff interacted with people and saw positive relationships. One person using the service said, "I would say what was on my mind if something was the matter, I'm not fearful of any repercussions."

We looked at the recruitment procedures for staff and found that suitable systems were in place to protect people.

Information was available in different formats, including large print, to support people using the service to complain or raise concerns if they wished to.

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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We spoke with four people using the service during our inspection. Observations confirmed people received their care and support around the times agreed. We saw care records and supporting information to confirm this. This meant people received the care and support as agreed.

People who were able to get about told us they were encouraged and supported to live a life that was as individual as possible. Staff told us about the importance of incorporating people's personal preferences and lifestyle choices into each day. This meant people were promoted to live a fulfilling life. One person told us, "There is everything I need here; they encourage you to have aims and aspirations."

We observed people were treated with respect and spoken with at a pace to aid understanding. We observed staff interactions with people and saw people were asked for permission before they received any support. Every interaction we saw was friendly and respectful. One person told us, "Staff are really good, they are reliable and always ask before they assist me. They cover me with a towel to make me feel at ease." Another person said, "They always knock on the door and wait for an acknowledgement before they come in." This meant people privacy and dignity were respected.

We looked at one care record and saw clear and detailed information had been recorded. We saw that priority was given to finding out people's dislikes as much as what they liked. We saw that records were kept under review. We looked through the records and found that care was appropriate to the presenting needs. This meant the care and support offered was as required.

We saw that people using the service were given clear information. The needs of people were taken into account because information was provided in large print or pictorial format if requested. This meant information was available in a format that supported people to understand what was available to them.

We were informed by the registered manager that staff were provided with training around

diversity, equality values and beliefs, and staff were able to discuss how to use their knowledge within the service. This meant the staff had a good understanding of the needs of the people they supported.

**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.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We saw from care records and having discussions with the staff that people received a range of different support, from help with washing and dressing, meal preparation, assistance with domestic tasks, through to support with medication. People using the service were relaxed and engaged well with the staff during our inspection.

Everyone we spoke with told us that they were very happy. One person said, "I do like it here, if I want to do something the staff always say yes." Another person said, "They listen to you and help all they can. I need two staff, they always send two staff and I have never been forgotten."

We looked at the care record for one person, it contained clear and pertinent information and had been developed with the person using the service. This meant the plan had been prepared with people to ensure the care was delivered in the way people wanted.

Risk assessments had been developed to identify specific risks to each individual and care had been planned to manage these risks. This meant everyone was clear on how to keep people safe and well.

Staff spoken with had a very clear understanding of the care needs of people using the service. They were aware of people's likes and dislikes as well as the care, treatment and support people required. Staff we spoke with confirmed they received clear and consistent advice about the people they supported. They confirmed they always had all the information they required and were able to spend time reading the care records. This meant the staff understood people's needs and were able to deliver consistent and appropriate care and support.

**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 spoken with told us they felt happy and safe one person said, "I feel someone is there for you, I am not alone". Another person told us, "Yes I feel really safe here; I also know I can speak up and that I would be listened to."

Staff spoken with said that they were aware of the home's policies on recognising and reporting abuse and would not hesitate to report any concerns to the registered manager. All staff spoken with understood the home's policy on whistle blowing and said they felt comfortable about approaching management about anything they had concerns with.

We saw records to confirm the staff received training in safeguarding vulnerable adults at induction and received annual updates. One staff member said, "If we have any concerns we know exactly what to do, there are clear systems in place and good communication. We also receive training on abuse on a yearly basis."

We looked at two personnel files for staff members most recently recruited. We saw that all required checks had been carried out, this meant people were protected from harm and abuse.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at two staff files. They held appropriate documentation including application forms, references and a health declaration. The files we viewed contained copies of contracts of employment and references. We saw that the provider had obtained Independent Safeguarding Authority (ISA) and enhanced criminal records bureau (CRB) checks for staff. This meant people were suitable to work with vulnerable adults.

The staff on duty told us they were well supported, they had regular staff handovers, communicated throughout the shifts and could read care records at any time. People using the service confirmed the staff read the care records before offering any care or support. This meant people using the service were supported by staff who had received consistent information to deliver care in the right way.

**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 complaints policy and procedure which were clear and accurate. We saw the complaints procedure was offered to people using the service in an appropriate format that they could read and understand. This meant people had information that was meaningful and understood.

People told us they would speak with the staff if they were upset or concerned. One person said, "I have complained, the manager came and saw me about it and put my mind at rest." Another person said, "If there was one I wasn't pleased with I would tell them."

People we spoke with thought the staff were kind and patient, everyone said they would feel comfortable talking with the staff and discussing their views. This meant people felt confident to raise a complaint if needed.

The provider used advocacy services to ensure that people could raise concerns with people not associated with the provider. This meant the provider offered a range of opportunities to enable people using the service to raise any concerns they may have.

## 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 dentists 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 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. 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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