

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

## ExtraCare Charitable Trust Broadway Gardens

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, WV10 8EA

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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>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The ExtraCare Charitable Trust
Registered Manager	Mrs. Jennifer Jackson
Overview of the service	ExtraCare Charitable Trust Broadway Gardens is a service which provides domiciliary care services. This is provided in sheltered flat tenancies situated in a single building facility. The facility offers aspects of communal living.
Type of service	Extra Care housing services
Regulated activities	Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury

## Contents

*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 30 October 2012, 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 and 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 five people, the relative of one person, two members of staff and the manager, and looked at four people's care records.

We found that people were supported in making day to day decisions about the care they received. People's values and diversity were respected and promoted.

The care people received was reflected in their care plans, and people told us they received care which supported their needs. One person told us that staff, "Always explain what they're doing".

Arrangements were in place to ensure that people were protected from harm. People said that they felt safe living at the service. One person told us, "I do feel safe".

We found that staff were recruited in a safe way and correct checks were carried out to ensure their suitability to care for people. One person told us that staff provided, "Peace of mind".

The service carried out audit work, which meant that people who lived there could be assured of the quality of the service and the safety of equipment and premises. People told us that the service held regular residents' meetings and collected their views in other ways. People told us they were aware of how to complain and felt confident that they would complain if they needed 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 privacy, dignity and independence were respected. 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 understood the care choices available to them. Care plans were kept in people's flats and people told us they were aware they were accessible to them. We spoke with one person about their care plan who said that staff often discussed the content of their care plan with them, they said, "They tell me all about it". This meant people had opportunities to understand choices for care and treatment.

Some people told us that they recalled being asked questions as part of an initial assessment of their needs. One person told us that their family were encouraged to be part of this process. They told us they felt they were listened to and were encouraged to spend time at the service before they moved in. Another person told us, "Staff really listen to you". This meant that people were involved in their care decisions.

People told us that they had a key worker and they knew who this person was and that they acted as a contact point for them. Staff confirmed that, as key workers for specific people, they helped people with queries and promoted their interests. We saw that key worker's names and photographs were in people's care records. One person told us that their key worker was "Very approachable" and they "Got on well". This meant that people had a specific contact to help promote their interests and decisions.

People's diversity, values and human rights were respected. We spoke with two staff about how they would promote people's privacy and dignity when delivering personal care. Staff gave us examples of how they would achieve this by speaking with people throughout the delivery of care and ensuring that doors and curtains were kept closed. We spoke with people about how personal care was delivered and they confirmed staff did their best to preserve their dignity and privacy. One person told us staff, "Explain what they're doing" and described how staff would assist in care only if it was required. We observed staff delivering care in a way which supported people's dignity. This meant that people's privacy and dignity were respected.

We saw that the service's equality and diversity charter was displayed in a communal

area. The manager told us that the service had held an equality and diversity session for people following the circulation of the charter. We noted that the service's emphasis on this was explained in the information pack provided to people. This meant that the service was active in promoting equality and diversity for people.

**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 and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care was planned and delivered in line with their individual care plan. We spoke with staff about the specific needs of the people whose care records we had looked at. Staff were able to provide accurate detail about the specific needs of people they assisted. People confirmed that the care they received was the same as that detailed in their care plans. We observed staff delivering care to one person in line with the time outlined in their care plan. This meant that people could be sure that they received the care they required.

Staff were kept informed of immediate changes in people's care needs. Staff received a number of different briefings to ensure they were kept up to date with what was happening. Staff told us that they read a "communications book" before they started work which gave them updated information. We observed staff doing this and saw that this book contained meaningful updates. Staff also received briefings at the beginning, and half way through, their shift. We saw one of these briefings taking place. One person told us that staff, "look after me when I take ill". They told us that if they became ill the home staff, "Put me on a temporary care plan" and called medical professionals in a timely manner. This meant that staff were aware of, and reacted to changes in people's needs.

Each care plan we looked at clearly detailed the time that care was delivered and the duration of the care. We asked people whether staff were on time for calls and they confirmed that, except on a few occasions, they were. We asked people whether staff stayed the whole length of the call and people told us they did. One person told us, "Yes, they do everything that needs doing". This meant that staff were providing people with the full care they required during each call.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. One person we spoke with had diabetic care requirements. They told us that they were aware they were prioritised in the morning to ensure they were prepared food to coordinate with taking their medication. They said that, on the whole, staff were on time to provide them with breakfast. This meant people received person centred care to meet their needs. We observed staff assisting people, who required it, to move around the service. We saw staff using appropriate skills while assisting people. We saw that staff were patient while providing care and offered verbal encouragement to people. This meant that the service was run in a way which promoted people's care and welfare.

**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 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. There had been two issues concerning matters of safeguarding people raised with the local authority since April 2012, but these were resolved without further action needing to be taken by the authority. The service had also acted to put in place preventative measures to further ensure people's safety. People told us that they felt safe living at the service.

Some people told us they had received a service user guide when they first went to live at the service. We looked at this and found that it contained information about safety and protection from abuse. One person told us, "I can't believe how lucky I am. I feel so safe here, safer than before". This meant that people were kept informed of how their safety was being protected.

We looked at the safeguarding policy, which was available to staff in the general office. We saw that it contained a flow chart to assist staff with following the correct procedure to report safeguarding concerns both internally and to external agencies. We looked at the training which had been provided to staff. We saw that members of staff had completed recent training in respect of safeguarding and related issues. We asked staff about how they kept people safe. All staff we spoke with demonstrated that they would be able to identify different types of abuse and report it in an appropriate way. This meant that people could be confident that staff were trained, and their training kept up to date, in respect of keeping them safe.

## 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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Appropriate checks were undertaken before staff began work. We looked at the files of two staff and found that Criminal Records Bureau checks had been completed. These are checks, which show if someone may have committed criminal offences. The manager told us that the service had around 15 volunteer helpers. We saw evidence of volunteers also being subject to appropriate checks. This meant that the service had taken steps to ensure staff were suitable to provide care to people. One person we spoke with told us the staff were, "Great people- I speak as I find".

We could see that staff had undertaken an appropriate selection and recruitment process, which included a detailed application form showing their qualifications and previous work history. We spoke with staff about how they were supervised. They confirmed that they received annual appraisals and took part in regular staff meetings. They also told us that supervisors regularly observed the care they provided to people. People we spoke with confirmed that supervisors regularly observed their care and asked them about the standard of care they had received. This meant that staff were appropriately supervised to ensure a good standard of care.

One member of staff told us about their induction process. This was a well structured process which ensured staff were familiar with the service environment, the care people required and what was expected of them in their role. This included new staff shadowing experienced staff, being teamed with a "buddy" member of staff and tasks being observed by supervisors. We saw written records of this induction process and of supervisors signing to show the completion of areas of the process. This meant that people could be sure staff were familiar with the service and what was expected of them.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and they were acted on. The service held regular residents' meetings and, although most of the people we spoke with said they chose not to attend these, they said they were informed of when they were held. One person told us that they regularly attended the catering forum and felt that their views were listened to and suggestions were acted upon. Records showed that action had been taken in respect of issues raised.

Staff told us that ExtraCare held a national governance meeting, involving all of their services, every three months. Two people from the service represented them at these meetings. This meant that people had their opinions represented to the organisation at a national level.

We found evidence that learning from incidents took place and appropriate changes were implemented. We looked at the incident book and related files and saw that the management assessed incidents and put in place actions to minimise reoccurrences. We found that people had risk assessments related to reported incidents and these were reviewed regularly. This meant that risks were identified and action was taken to minimise these risks.

Staff told us that a general audit of the service was carried out by a manager from a related service. We saw records for a recent audit carried out in this way and appropriate actions identified to improve any shortfalls. This covered a number of important areas within the service, such as catering, equipment safety checks, and fire safety. This meant that people could be sure that the service was carrying out audits which would assess the quality and safety of the service.

People told us that they were aware of how they could complain and felt confident to do so if required. We saw that people had access to complaints forms, if they needed these. We saw evidence of people being able to make comments about the service in a variety of ways. We found a number of "themed" comments book for different aspects of the service. For example, there was one in the laundry area. This book contained positive comments about the service, including, "The laundry service had always been of a high standard and we are most satisfied with it". This meant that people had a choice of ways to raise issues.

## 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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