

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

## Callin Court

Grey Friars, Chester, CH1 2NW

Tel: 01244315252

Date of Inspection: 15 July 2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Methodist Homes
Registered Manager	Ms. Linda Shore
Overview of the service	<p>Callin Court is an extra care housing service for people aged 55 and over which is run by Methodist Homes.</p> <p>There are fifty self contained flats where tenants may be visited at agreed times to support them with daily living tasks.</p> <p>There are a number of communal areas, including a restaurant, lounge and gardens where people can choose to meet and relax.</p>
Type of services	Domiciliary care service Extra Care housing services
Regulated activity	Personal care

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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 announced 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 15 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with commissioners of services.

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### What people told us and what we found

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People told us staff always consulted them about their individual needs and involved them in decisions about their care. All said they received the help they needed and that they were given good support to be as independent as possible. People commented: "They're very good to me"; "I'm very happy with the service"; "I've been consulted about my care plan and I get the right amount of care I need".

People who used the service were very complimentary about the staff. They said the staff were "always pleasant" and "very caring". One person said "They're good. They always make sure I've got my jewellery on, which is important to me".

People also told us that they really appreciated having their own flat but also having areas where they could mix with other tenants to have a meal or join in with activities and trips out, which stopped them feeling lonely. On the afternoon of our inspection tenants were enjoying a strawberry tea provided by volunteers. People sat chatting in the dining room, lounge and garden.

We looked at the recruitment arrangements and the support provided to staff. There were proper procedures in place to make sure that staff were fit to look after vulnerable people and staff were well trained and supported to carry out their role.

There were systems in place to assess and monitor the quality of the service and records were well maintained.

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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

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

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

We looked at three care plans for people who used the service. These were personalised and provided guidance on the support people needed and how this would be provided. The information showed that the individual concerned had been involved in the development of the plan. Each person had a set of risk assessments which identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. Risk assessments were provided where necessary for moving and handling; falls; nutrition; and medication. The care plans and risk assessments were reviewed quarterly, or when a person's needs changed to ensure they were current and relevant to the needs of the person. The daily record sheets showed the support each person had during each visit. The staff recorded the time they were with the person and the tasks undertaken, medication given and the general well being of the individual.

We spoke with three staff and the registered manager. All were aware of the individual needs of the people they were caring for.

We spoke with four people who used the service. All said they were happy with the care provided. Comments included: "They're very good to me"; "I'm very happy with the service"; "I've been consulted about my care plan and I get the right amount of care I need"; "They always make sure I've got my jewellery on, which is important to me".

## 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.

There were effective recruitment and selection processes in place.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work.

We looked at four staff files and saw that all the required pre-employment checks had been carried out. These included checking evidence of identity and qualifications, obtaining references and checking with the Disclosure and Barring Service that they were fit to work with vulnerable adults. All prospective staff were interviewed prior to employment and a record of the interview was kept. These checks ensured that staff were fit and able to do their job.

People we spoke with said the staff were "always pleasant" and "very caring".

**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 who 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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All the people we spoke with made positive comments about the staff who supported them. They felt the staff were supported by the agency and that they knew what they were doing.

We spoke to three members of staff on duty and looked at three staff files.

Staff told us that they felt well supported and they had the information they needed for their roles.

The files showed that staff had received regular supervision and an annual appraisal. These processes gave staff the opportunity to review their practice over the last year and discuss future training needs.

Staff had access to a wide range of training. All had attended an induction programme that covered all the Skills for Care common induction standards. Other courses that staff had undertaken included medication management, care planning, dementia awareness and the Mental Capacity Act, end of life care and nutrition. Sixteen out of twenty-eight staff had undertaken National Vocational Qualification (NVQ) level 2 in care and three had undertaken NVQ level 3. This meant that people who used the agency were supported by a well trained staff team.

## 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.

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### Reasons for our judgement

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We saw that quality assurance surveys were carried out for people who used the service. These were carried out by an external organisation. The survey outcomes were reviewed by the manager and compared to the previous survey to see if any improvements or changes needed to be implemented. A survey carried out 18 months ago had shown a 98% satisfaction rate. The manager said that another survey was due to be carried out in September 2013.

We saw that risk assessments were undertaken for people using the service with any necessary actions being taken and their effectiveness monitored with further changes being made if necessary. All risk assessments were regularly reviewed.

In addition, we saw that the manager audited care plans, medication and activities monthly and carried out a health and safety audit quarterly.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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People's personal records including medical records were accurate and fit for purpose. This meant that people who used the service were protected against the risks of unsafe or inappropriate care arising from a lack of information about them.

Staff records and other records relevant to the management of the services were accurate and fit for purpose.

Records were kept securely and could be located promptly when needed. This meant that people's personal information was kept confidential.

Records were kept for the appropriate period of time and then destroyed securely.

## About CQC inspections

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

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

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

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

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

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

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

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

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

## How we define our judgements

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

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

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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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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