

***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: 10 December 2013

Date of Publication:  
December 2013

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>Safeguarding people who use services from abuse</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

## Details about this location

Registered Provider	Coverage Care Services Limited
Registered Manager	Mrs. Carol Jane McPherson
Overview of the service	Chillcott Gardens provides personal care and support to people who live in their own property.
Type of service	Extra Care housing services
Regulated activity	Personal care

## 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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	5
Safeguarding people who use services from abuse	6
Requirements relating to workers	7
Supporting workers	8
Assessing and monitoring the quality of service provision	9
<b>About CQC Inspections</b>	10
<b>How we define our judgements</b>	11
<b>Glossary of terms we use in this report</b>	13
<b>Contact us</b>	15

## 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 10 December 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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People shared their experience of the care and support they received. Comments included, "The staff are all very caring and help me to live my life with dignity".

People considered the staff met their current needs. They said, "We know who is coming and we feel safe with them in our home". People considered staff were well trained to do their job. People considered the service was responsive to their changing needs.

People told us they were regularly asked if their service was satisfactory. People knew how to complain and considered the level of communication with the office staff was good. This meant that the service was effective and well led.

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

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Everyone we spoke with told us that they were getting the care and support they needed. Comments made included, "Staff display integrity and I trust them", and "I do not feel so alone after their visit and we have a good conversation".

Discussions with staff told us they knew people's preferences, likes and dislikes well. We sampled care records held in people's flats. These were clear to read and contained relevant risk assessments. This ensured staff had the relevant information to meet people's individual needs and maintain their safety. We saw that full care records were kept in each person's home and people we spoke with confirmed this.

We spoke with the manager and staff about the needs of the people they looked after. They demonstrated a clear understanding of the individual needs of the people in their care. The staff team showed great empathy towards people and their life situations.

The manager liaised well with other health professionals. The district nurses provided training to staff for individual people's health needs, for example, diabetic care.

**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 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.

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### **Reasons for our judgement**

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People told us they felt safe in their home when staff were with them. One person said, "They are trustworthy and I feel safe with them".

Staff we spoke with had been given information so they understood the risks of abuse and the steps to take to seek advice and manage situations appropriately. Detailed training had taken place. Staff understood the significance of being vigilant for abuse.

The manager told us that an appropriate assessment of a person's capacity would be carried out if needed. This would ensure people's best interests were represented. We saw outcomes of such discussions within the care records we viewed.

We saw the service had adult protection policies and procedures in place and that the most recent copy of Shropshire County Council's multi agency safeguarding guidance was available.

The manager described how they would keep clear records of any safeguarding concerns. This included any additional actions taken to support the person living at home throughout the process, such as, involving family or an advocate. There had not been any safeguarding incidents this year.

## 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 and supported by suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Recruitment checks were carried out and records kept.

The manager explained the recruitment and selection procedures in place at the agency. We were shown two staff files regarding recruitment of recently new staff members. Staff had been offered employment and started their induction training. This was after the provider had received the required checks that confirmed the staff member was not barred from working in the care sector or had any criminal convictions. We saw the file had a record of satisfactory evidence of conduct in previous employment where it was concerned with health or social care. Certificates were on file to show that staff had the qualifications, skills and experience necessary for the work to be performed.

The manager confirmed that these checks were carried out prior to staff starting work. They considered the recruitment process was thorough. This meant that people had their needs met by staff that were fit and able to carry out their role.

**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.

Staff were appropriately supported to enable them deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development.

People we spoke with said staff always arrived promptly and were very pleasant. One person said, "We always receive good care and support including very helpful advice". We were told the manager always asked if everything was alright.

The manager showed us the induction training that new staff had received. Induction for new staff took account of recognised standards within the care sector, for example, 'skills for care'. We saw certificates on staff files that showed the training they had participated in. We saw documents relating to the supervision and appraisal arrangements in place. Staff we spoke with said the quality of training provided was very good. They felt it enabled them to do in their jobs well.

Staff had the opportunity to attend staff meetings. This meant that staff were able to share their views about their role.

## 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 a system to assess and monitor the quality of service that people received.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. Care plan audits were conducted with the person by the manager on a quarterly basis. People could attend family meetings and 'quality circles' where they were able to provide their view on the service provision.

The service was audited and records kept. Any issues were identified and action plans in place. This meant that the service was being robustly monitored.

Safeguarding incidents would be audited quarterly to analyse issues and identify if any changes to the service needed to be made. However, we saw that there had not been any safeguarding issues this year.

Discussions held with people who used the service identified that overall people were happy with the service they received. People had had the opportunity to speak with the Chief Executive during a visit to the scheme which they welcomed.

## 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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