

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

Chrome Tree Limited

268 Bath Road, Slough, SL1 4DX

Tel: 01753708737

Date of Inspection: 21 February 2013

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

| | |
|---|---------------------|
| Respecting and involving people who use services | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Requirements relating to workers | ✓ Met this standard |
| Complaints | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Chrome Tree Limited |
| Registered Manager | Mrs. Vaida Elliott |
| Overview of the service | Chrome Tree Limited provides care to people in their own homes throughout the Slough area. |
| Type of service | Domiciliary care service |
| 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 |
|--|------|
| Summary of this inspection: | |
| 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 |
| Our judgements for each standard inspected: | |
| Respecting and involving people who use services | 6 |
| Care and welfare of people who use services | 7 |
| Safeguarding people who use services from abuse | 8 |
| Requirements relating to workers | 9 |
| Complaints | 10 |
| About CQC Inspections | 11 |
| How we define our judgements | 12 |
| Glossary of terms we use in this report | 14 |
| Contact us | 16 |

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 February 2013, talked with people who use the service and talked with carers and / or family members. We talked with commissioners of services.

What people told us and what we found

We spoke with or received feedback from five people who received care and support from Chrome Tree Limited including one person who had only recently started to receive care. They told us they had a very thorough assessment carried out. This had identified their needs and enabled them to discuss with the provider how they would like them to be met. The person told us the care experience so far had been "very satisfactory". We saw recorded reviews of care plans and risk assessments. We saw evidence of monitoring calls and interaction between the manager and people who used the service in order to review how care was progressing.

People told us they felt safe and had no concerns about the competence or care practice of staff. We spoke with a local authority commissioner of care. They confirmed they had not received any information of concern about the provider or the safety or quality of service provided. We spoke with one member of the staff team who provided care to people. They confirmed they had received safeguarding of adults training. This showed people were supported and protected through training provided for staff.

When we looked at the recruitment record for staff we found appropriate checks were undertaken before staff began work to protect people who received care.

People told us they felt very confident in the willingness of the provider to listen to any concerns and take action to deal with them where it was possible to do so.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website 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

Our judgement

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.

Reasons for our judgement

We spoke with or received feedback from five people who received care and support from Chrome Tree Limited. We found they had all been responsible for making their own care arrangements privately or through direct payments. This meant they were able to determine for themselves what care they received from whom. For example one person we spoke with had chosen to have some assistance with correspondence as they were not always able to manage this themselves.

All of the people we spoke with indicated they had been involved in an assessment process before the service started. We saw recorded reviews of care plans and risk assessments. We also saw evidence of monitoring calls and other interaction between the manager and people who used the service. This meant people could influence the service both in terms of short term variations as to days and times and could also make more long term changes if required. This confirmed people expressed their views and were involved in making decisions about their care and treatment.

We were able to confirm people had received adequate information before care was started. We were told there were folders in place which gave details of the care to be provided. People told us care staff filled in a log on each visit. This showed people who used the service understood the care and treatment choices available to them.

People were very positive about the behaviour of care staff. They told us they were treated appropriately respectfully and their dignity had never been compromised whilst receiving care or support. This showed people's diversity, values and human rights were respected.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with or received feedback from five people who received care and support from Chrome Tree Limited. One person had only recently started to receive care. They told us they had a very thorough assessment carried out. This had identified their needs and enabled them to discuss with the provider how they would like them to be met. The person told us the care experience so far had been "very satisfactory". We looked at copies of two people's care plans. These included assessments of needs and detailed how they were to be met. This confirmed people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

One person told us their care needs assessment had identified a support element the provider had not yet been able to meet. They said this had been because suitable care staff had not been available. The provider confirmed they had discussed this with the person concerned and were seeking to address it through ongoing staff recruitment. The person who received care told us they were in all other respects very satisfied with their care, which they said was "friendly and efficient". This showed the provider and people who used the service discussed and identified where changes to care provision were required and sought to achieve them.

We saw there were a range of risk assessments in place. For example in respect of the home environment and for risk of falls. They included instructions for staff as to how risks could be eliminated or managed. This showed care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People told us the service was usually very reliable and punctual. One person had experienced a very temporary problem with their call times. This had however been addressed and they were now "fine". We saw a comment from one person paying tribute to the service's "willingness to be flexible" which they assessed had been "second to none."

People confirmed they had a copy of their care documentation in their home. They told us care staff recorded their care each visit. We saw copies of notes were kept in the office to record action taken daily by care staff. This enabled the provider to check and confirm care had been provided in line with the requirements of the care plan.

People should be protected from abuse and staff should respect their human rights

Our judgement

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.

Reasons for our judgement

We spoke with or received feedback from five people who received care and support. They told us they felt safe and had no concerns about the competence or care practice of staff. We spoke with a local authority commissioner of care. They confirmed they had not received any information of concern about the provider or the safety or quality of service provided.

We spoke with one member of the staff team who provided care to people. They demonstrated a good understanding of what abuse was and how it could be recognised. They confirmed they had received safeguarding of vulnerable adults training. We saw evidence of the provision of training in the principles of safeguarding in health and social care. This meant staff providing care would know what constituted abuse and what to do if it was seen or suspected.

We saw the safeguarding policy and procedure for the local authority was available. This provided confidence the provider would know how to respond to and report appropriately any allegation or suspicion of abuse.

We looked at the provider's system of recording when care staff carried out financial transactions on behalf of people who received a care service. We saw there were copies of receipts and a completed carers' financial record form in place. This showed procedures and records were in place which protected people who received care from the inappropriate or unauthorised use of their money.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the recruitment records for staff who had completed their recruitment process. This included two references and a Criminal Records Bureau (CRB) clearance at enhanced level. There was a recent photograph on file, together with proof of the person's right to work in the United Kingdom, together with a full employment or education record. This demonstrated appropriate checks were undertaken before staff began work.

We saw details of their completion of the Common Induction Standards applicable for health and social care staff. We saw supervision records and details of other topic training undertaken in the early days of their employment, including in safeguarding, the management of medication, moving and handling and dementia care. This showed people received care from staff who had the qualifications, skills and experience to do so effectively.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We spoke with or received feedback from five people who received care and support from Chrome Tree Limited. They told us they were aware of the complaints policy and knew how to make a complaint if they needed to. They said they had regular contact with the manager, either in person or over the telephone. This meant they could raise any issues or concerns directly and promptly. They told us they had no cause for complaint so far.

We saw the provider's complaints policy included timescales for initial response and throughout the process to completion. This meant people could be confident their complaints would be dealt with in a timely way.

We saw people who received care had been provided with contact information for their Local Authority. This meant they had the necessary details to raise any concerns or complaints with them if they chose to do so.

There had not been any complaints recorded. One person we spoke with had a concern about one part of their care plan. They told us they had been able to discuss this with the manager. They were satisfied their concern would be addressed appropriately. They told us they felt very confident in the willingness of the provider to listen to any concerns and take action to deal with them where it was possible to do so. This confirmed people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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