

# Coverage Care Services Limited Chillcott Gardens

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Chillcott Gardens is a supported living scheme for people over the age of 55 with a housing need. They are registered to provide personal care for older people some of who are living with a physical disability, sensory impairment or dementia in their own flats.

Not everyone using Chillcott Gardens received a regulated activity. CQC only inspects the service received by people provided with 'personal care': for example, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection 54 people were receiving the regulated activity of personal care.

### People's experience of using this service:

People received safe support with their medicines by competent staff members. The provider had systems in place to respond to any medicine errors should they occur. The provider completed regular checks to ensure people received the right medicine at the right time.

The provider had assessed risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential of harm to people. Staff members were aware of the necessary action they should take in the event of an emergency.

People received safe care and support as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people. Staff members followed effective infection prevention and control procedures when supporting people in their own homes. Staff members had access to and used appropriate personal protection equipment.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision. Staff members were knowledgeable about the relevant legislations that informed their practice and supported the rights of those receiving services from Chillcott Gardens. People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice.

People were supported to refer themselves for additional healthcare services when required. When appropriate people were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability. People were supported to retain their independence whilst living in their own homes.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived. The provider had systems in place to ensure the Care Quality Commission was notified of significant events in a timely manner and in accordance with their registration.

More information in Detailed Findings below.

Rating at last inspection:

At the last inspection Chillcott Gardens was rated 'Good' (Published 31 October 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Good.'

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Chillcott Gardens

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance a family member receiving care in a residential setting.

#### Service and service type:

Chillcott Gardens is a supported living scheme that provides personal care and support to people living as tenants in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection took place on 30 April 2019 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is a supported living provider and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 30 April 2019 to see the registered manager and staff; and to review care records and policies and procedures. In addition, we spent time talking with people in the communal areas of Chillcott Gardens.

#### What we did:

Before our inspection visit we also reviewed information we held about the service in the form of statutory

notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with twelve people who received services at Chillcott Gardens and three visitors. In addition, we spoke with the registered manager, two team leaders, two carers, one student on placement and a visiting healthcare professional.

We reviewed a range of records. This included three people's care and support plans and medication records. We confirmed the safe recruitment of two staff members and reviewed records relating to the provider's quality monitoring, health and safety and staff training.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- All those we spoke with consistently told us they felt safe whilst receiving support and assistance from staff. One person told us, "I do feel quite safe. I know there is always someone there to help me when I need them. I have a pendant alarm I can press at any time and they (staff) are very quick in responding."
- People's care plans contained risk assessments linked to their support needs. These explained the actions staff took to promote people's safety and ensure their needs were met appropriately. For example, when someone was at risk of developing sore skin because of an existing medical condition.
- Risk assessments were updated following changes in people's needs. For example, one person told us about the assistance they needed with a specific piece of medical equipment. They told us, "They (staff) encourage me and make sure it is all correct and in the right place every time. They are very good with things like that."
- People told us staff members followed their individual risk assessments to ensure safe care and support.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to any potential concerns. One person said, "I have no worries at all. I trust them (staff) with my life."
- Information was available to people and staff on how to report any concerns including a confidential phone number.
- The provider had made appropriate notifications to the local authority to keep people safe.
- People told us, and we saw, the provider completed safety checks at their properties to ensure it was safe for them to be supported in.
- Staff members had received specific training on fire safety and knew what to do in the event of an emergency to keep people safe.

Staffing and recruitment.

- People told us staff members arrived when expected and stayed for the agreed amount of time.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- One person told us, "I always get my tablets when I need them. I do struggle trying to pick up my tablets but they (staff) put them in a little tub for me to take them from. I don't think I have ever missed anything."
- We saw medicines were accurately recorded.

- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigations into the error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members we spoke with were aware of these guidelines.

#### Preventing and controlling infection.

- The provider had effective infection prevention and control systems and practices in place.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.
- The provider had identified specific staff members to be infection prevention and control leads. These staff members attended regular updates regarding best practice which they cascaded to other staff members. This included the appropriate use of cleaning materials and the effective use of protective equipment.

#### Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and feedback confirmed this.

Staff support: induction, training, skills and experience.

- People were supported by a well-trained staff team who felt supported by the provider and the management team. Staff members we spoke with told us they received regular support and supervision sessions. These were opportunities for staff members to discuss their performance and any concerns related to their work or personal development.
- One staff member told us about the training opportunities they had accessed and completed since they started at Chillcott Gardens. They said, "We are all encouraged to do any training we feel would help us develop as carers." They went on to describe a specific piece of training they completed which they now deliver to other staff members across the providers organisations.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and infection prevention and control.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. Staff members we spoke with found this process supportive. One staff member said, "Because we are such a small and supportive staff team we all assist one another. I know I can go and seek support and advice from anyone I work with."
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough with choice in a balanced diet.

- Not everyone we spoke with received assistance with their eating and drinking. However, when they did they were supported by staff who knew their preferences and supported them to maintain a healthy diet. We saw people were encouraged to attend the locations restaurant for their lunchtime meal. Some people preferred to remain in their flats and had their meals delivered. When people required assistance, we saw this was provided at a pace to suit them.
- Staff members told us they were prompted by the management team to remind people to drink plenty of fluids when the weather temperatures increased and therefore helped to prevent dehydration. The provider completed a specific hydration project. This was to promote the importance of fluids to maintain people's wellbeing. Those we spoke with told us they were always encouraged to drink plenty of fluids and they always had cold drinks available.

Ensuring consent to care and treatment in line with law and guidance.

- All the staff members we spoke with had a clear understanding of The Mental Capacity Act 2005 (MCA) and how this was effectively applied to those they worked with to ensure their rights were maintained.
- The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own

decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Any applications must be made to the Court of Protection. At the time of our inspection no one was receiving care or support who was subject to such a Court Order. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do to protect the individual's rights.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- One person told us a staff member came out and met them at a different care establishment. They said, "We chatted about what it was I wanted. We also spoke about how they could support me to get back on my feet again which I found very encouraging."
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious and cultural diets and preferences.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective, and efficient, communication systems in place to share appropriate information with those involved in the support of people receiving services from Chillcott Gardens.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People told us they were treated with care by a compassionate and respectful staff team. Those we spoke with described the staff members supporting them as, "Out of this world", "Lovely," and "Just the ticket."
- All those we spoke with were complementary about the staff supporting them and the management team.
- All staff members, we spoke with, talked about those they supported with fondness and compassion.
- People were supported at time of upset and when they were anxious. We saw one person express a level of concern to a staff member. The staff member supported them to express how they felt. Following this the staff member went through a couple of options which this person could follow. The person appeared reassured by this and agreed for the staff member to assist them to make the necessary changes.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they were supported to be involved in making decisions about their care. All those we spoke with told us they made the decisions which impacted on their care.
- Staff members we spoke with knew those they supported well and could tell us what people's individual preferences were.
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw recorded people's protected characteristics and how staff members and the management team assisted them to retain their individual identities. For example, when people expressed that they followed a specific religion or faith this was supported. People told us they could attend regular faith services either at Chillcott Gardens or at their preferred place of worship. When people could not attend their place of worship alternatives were arranged. For example, one person attended faith services via the internet.

Respecting and promoting people's privacy, dignity and independence.

- People told us they were treated with dignity and respect and their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to retain their independence. One person said, "Before I moved here I was becoming a little isolated and didn't really do much for myself. I now do what I want. I come and go as I please and feel like I have come on leaps and bounds."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. All those we spoke with were happy with their involvement and amount of detail contained in these plans.
- We saw people's care and support plans contained information regarding their lives so far, what they did for a living and what they continued to enjoy. When it was needed people recorded what they wanted to achieve and how staff members could help them to do this. One person told us about a fear of being lonely. They told us the staff members had encouraged them to engage in group activities and started by just having a drink in the coffee shop. They found this met their needs and reflected what they wanted to get out of life.
- Staff members we spoke with told us about people, their histories and things that mattered to them. This indicated to us that people were supported by a staff team who knew them well.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend. However, the management team were not aware of the accessible information standards, but they were meeting the principles of it as part of their care planning. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support.

- Should someone approach the end of their life whilst receiving personal care from Chillcott Gardens the providers care and support planning would be used to effectively meet their needs. The registered manager told us they would seek the assistance of specialist health care services including hospice services if appropriate to ensure the person was supported appropriately.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care.

- The management team had systems in place to monitor the quality of the service that they provided. This included, but was not limited to, checks of the medicine administration records and reviews of the care and support people received. We saw these checks were completed regularly and actions were completed promptly to ensure people received good care and support. In addition, the provider completed a quality check on the support provided to people. Following these checks the registered manager was provided with a report which highlighted any action to improve or support the care people received. For example, following the last quality check it was identified that one staff members mandatory training was out of date. At this inspection we saw action had been taken to address this.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular attendance on training, updates and newsletters from professional organisations.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and visitors told us, and we saw, they had a positive relationship with the registered manager and found them to be available and engaging. Everyone we spoke with was complementary about the management team and felt supported by them.
- Staff members told us they found the management team supportive and approachable. One staff member said, "I know I can go to [registered manager name] at any time I need, day or night. They are supportive, approachable and down to earth. You are never made to feel silly and you can also have a bit of a laugh with them. They are very human"
- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.
- The provider had systems in place to pass on information and changes to practice from other services within their organisation. For example, staff members could tell us about the specific learning from another location. All the staff members we spoke with could tell us about this and the changes which were made. This indicated to us the provider and registered manager had effective monitoring systems in place and worked in a transparent and open manner with staff members and those receiving care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- At this inspection a registered manager was in post and present throughout. The registered manager understood the requirements of registration with the Care Quality Commission. The provider had

appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

- We saw the last rated inspection was displayed in accordance with the law at the offices of Chillcott Gardens and also on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw people were involved in decisions about their care and support and were asked for their opinion. We saw results of the latest service user satisfaction survey which was consistently positive regarding the support people received.
- Staff members we spoke with told us they felt valued by the management team and their views and opinions were encouraged. We saw one staff member was presented with flowers and a card in recognition of their commitment over the previous month. Staff members told us the staff recognition scheme was motivating and helped them to feel appreciated.
- Staff members took part in regular staff meetings where they could discuss elements of the work they completed. One staff member said, "As well as regular staff meetings we also meet as a team each morning. Although this is centered on those we support we also look at key themes of the organisation. This week we focused on 'Honesty'.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others.

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and District Nurse teams.