

Coverage Care Services Limited Chillcott Gardens

Inspection Report

Bridgenorth Road
Madeley
Telford
TF7 4LU
Tel: 01952 587439

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Summary of findings

Overall summary

Chillcott Gardens provided domiciliary support for up to 62 people who lived in privately leased flats. On the day of our inspection 59 people were living within the service and 51 people were receiving support. There were shared communal areas including a restaurant, library, shop, hairdressers and seated areas. The property was owned and managed by Anchor and people had an individual tenancy agreement. The building and accommodation are not regulated by the Care Quality Commission; our inspection focused on how people's personal care was provided.

People using the service were safe because staff had received training on how to recognise signs of abuse and possible harm and knew what to do if they had any concerns. There was information to tell people using the service who they could contact if they wanted to raise issues in confidence or they could speak with staff. People could use an advocate to help them make important decisions or raise concerns. We saw where concerns had been raised; these had been addressed by the provider. This meant people could be confident they could speak about issues and these would be dealt with.

People using the service were encouraged to retain their independence and decide how to spend their time. People agreed to the level of support they wanted and how they wanted to be assisted. Where people's needs changed, the provider responded and reviewed the care provided to ensure people were safe. This meant the people received care to meet their needs.

The staffing was managed flexibly to ensure people living in Chillcott Gardens received their agreed care. Where people had healthcare appointments or personal commitments people could request the support was changed. This meant the provider was responsive to individual circumstances and support required.

People were generally happy with the care and support they received. People had information about what they could expect from the service and were central to the development of their support plan. People met with senior staff to review their plan and could decide whether the agreed care still met their needs. The staff provided support where requested and were available in case of any emergency. This meant people received the support they wanted.

The staff were respectful and provided dignified discreet care. The staff were knowledgeable about people's care and people confirmed it was carried out in the way they had requested. They had confidence that the staff had the skills necessary to meet their needs and were caring and compassionate. Staff received specific training to meet the needs of people using the service which meant people received safe care.

Systems were in place to ensure the service was monitored and the provider sought to make improvements where needed. People using the service were consulted about the management of the service and could influence the service delivery. There were daily staff meetings and to ensure staff knew about any changes and developments. This meant the provider was able to respond to any changes promptly.

The service had a registered manager in post who had worked as a manager there for four years. Prior to being recruited to this position, they had worked in the organisation providing support to people using the service, in a senior role. There were clear management structures offering support and leadership. This meant the home had a positive, empowering culture. Records showed that CQC had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Where staff identified possible harm or abuse, they knew how to act to keep people safe and prevent further harm from occurring.

Risks were identified and risk management plans were put into place in agreement with people using the service. The plans included information about how risks could be reduced to help people stay safe.

People's rights were protected because staff understood and supported people to make decisions about their care and support.

Are services effective?

People were provided with useful information about the service and were involved in the discussions and decisions made about their care and support.

People using the service received an assessment of their needs and met with staff to review this. People told us the staff listened to what they had to say.

Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal supervision processes enabled staff to receive feedback on their performance and identify further training needs.

Are services caring?

The staff were caring and provided people with support in a dignified way. People's privacy was respected and staff enabled people to take control of their lives.

Care records reflected how people wanted to be supported and described what was important to people.

People using the service were comfortable interacting with staff. The staff team was consistent with few changes experienced. This meant staff were familiar with how people wanted to be supported and had developed relationships with people.

Are services responsive to people's needs?

The support plans included clear directions for staff to ensure that people's dignity and privacy were maintained when providing care and support. The plans guided staff about how they were to promote people's choice and independence; this ensured they were supported in the way they had requested.

Summary of findings

People using the service understood the care and treatment choices available to them and were enabled to make decisions about how they were supported. Staff respected people's decisions and where people's needs and wishes changed, the provider responded to ensure individual needs were still met.

People using the service were supported in promoting their independence and community involvement. People told us they were took part in a range of daily living, recreational, educational and volunteering activities.

Are services well-led?

There were systems in place to monitor how the service was managed. People using the service were consulted about this and any future developments. Where concerns were identified action was taken to make improvements.

The provider worked with other agencies to ensure people's diverse needs were met and there was continuity of care between different services.

There was a registered manager in the service who demonstrated a good knowledge of their role and responsibilities and how to effectively lead the team of staff. The staff had opportunities to learn new skills and knowledge to ensure people's needs were met.

Summary of findings

What people who use the service and those that matter to them say

We spoke with eight people using the service, two relatives and one health care professional. People told us they were happy with the care and support provided and how they were cared for by the staff. One person told us, "The staff always listen to what we have to say. They know how we like things to be done and talk to us to make sure they are doing it right."

People told us the staff respected their decisions and they could express any concerns. One person told us, "You don't have to make a song and dance about things. If you're not happy, you can just say and things are put right."

People told us they liked living at Chillcott Gardens and having the staff support on site. People told us they felt safe living there and could call on staff for any emergency. One person told us, "We all wear alarm pendants and if

we have any problem we can call them. They speak to us and ask us what is the matter. If they need to come, they come. If I was back in my old home, I could be lying on the floor for hours. They look after me here and it gives me peace of mind."

One relative we spoke with told us they were pleased with the care and support their family member received. They told us, "We have every confidence in the service. We cannot fault them and they go the extra mile. We are more than happy with the support they provide."

We spoke with a health care professional who told us that where additional support plans were put in place for health care needs, the staff followed instructions and notified them of any concerns. They told us, "Communication here is really good and I can trust the staff to carry out any support that's needed."

Chillcott Gardens

Detailed findings

Background to this inspection

We inspected this service on 1 April 2014. We spent time speaking with people in their own home and in a shared communal area within the complex. We shared a meal with three people in the communal restaurant. We looked at records relating to how the service was managed and at five care records of people we spoke with. We spoke with eight people using the service, two relatives and a health care professional, as well as the registered manager and ten staff working in the service.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection team consisted of an inspector and an expert by experience. We involve people who use services and family carers to help us improve the way we inspect; because of their unique knowledge and experience of using social care services, we have called them experts by experience.

Before our inspection, we reviewed all the information we held about the service and spoke with the inspector who carried out the previous inspection, to help us decide what areas to focus on. We carried out our previous inspection on 10 December 2013 and there were no breaches of regulation.

We telephoned the registered manager the day before our inspection to make sure we had an opportunity to speak with people using the service and the staff.

Are services safe?

Our findings

During our inspection we looked at five care records for people using the service with their consent. We saw the records included an assessment of need which included information about people's physical, psychological and environmental needs. There were risk assessments that related to specific and identified risks to people's safety. They contained actions to be taken by staff to minimise the identified risks. This meant people using the service were protected against receiving inappropriate or incorrect treatment.

The provider had policies and procedures in place for dealing with allegations of abuse. We spoke with nine members of staff who confirmed they had access to these and told us they had read and understood them. The staff we spoke with told us they were knowledgeable about forms of abuse, how to identify abuse and how to report it. The staff we spoke with described what they would do if they had any concerns and knew who to share their concerns with. This meant the staff understood how they needed to act to ensure people were safe and what action to take.

We saw there was information available on how to act if you were concerned people were at risk of being harmed. This was displayed in the entrance foyer for staff, visitors and people using the service. We spoke with two people using the service about the information displayed who told us they were confident any concerns would be addressed. One person told us, "They have a poster up on the board to tell us what to do if we're worried. I've never been worried so not had to say anything, but I'm sure they'd do something about it if anything was wrong." One member of staff told us, "We need to know that everyone can raise concerns. We are all responsible and want to make sure people are cared for properly."

We saw daily and weekly checks were carried out to ensure the equipment was safe to use. The staff we spoke with told us they received training for each individual piece of equipment. One member of staff told us, "When new equipment is provided, we are taught how to use it. Everyone has their own equipment which is named. If we are worried at all, the team leader works with us and checks we are doing things right." Another member of staff

told us, "After the training the team leaders check we are safe every few months. If we doing something wrong, they tell us there and then and we also discuss it in our supervisions." This meant staff received guidance and support to use equipment safely. Some people using the service used bed rails to keep safe. We saw assessments of risk were completed to ensure these were suitable to use, and daily checks were carried out on the bed rails to reduce any risk of entrapment. One member of staff told us, "We have to check all the measurements and check it's all in good condition. You have to be careful." We saw records to confirm these checks were completed and were appropriate to use.

The support plans we looked at included information about how staff were to ensure people were safe in their home. People using the service had access to an emergency call system and wore an emergency call pendant. People we spoke with told us when they called for support staff responded within a short time. All the staff carried a phone and the call system was linked to the phone. We saw staff responded promptly to these calls and people were able to tell staff why they needed assistance. We saw where people needed assistance, this was provided.

Each day there was a staff meeting to discuss the support arrangements and to carry out daily checks to ensure people were well. One member of staff told us, "We know that this is people's home and they can carry on being independent, but we like to know everybody is well. We just do a daily check and catch up with everyone. People are like family here and we all look out for everyone." A person using the service told us, "If I lived anywhere else I'd be forgotten about. Here, they check every day to make sure I'm ok. It's nice to know someone is looking out for you. It makes me feel safer." This meant the provider had systems in place to ensure staff knew whether people were safe in their home and responded to people promptly where assistance was required.

People's rights were protected because the staff understood the legal requirements that were in place to ensure this. The Mental Capacity Act 2005 set out these requirements. We saw that staff had received training in the Act and told us about the local systems in place to protect people's rights.

Are services effective?

(for example, treatment is effective)

Our findings

Each person had a support plan which they kept in their home. Five people consented for us to see these records and we saw an assessment was completed when they started using the service and they were asked how they wanted their care provided. We spoke with one person who had recently started using the service and they told us, "I told the staff what I wanted and we talked about what they could do for me. I didn't want to go into a home and living here and getting the support I do, means I can still be independent." This meant people were involved with deciding how they wanted to be supported.

We spoke with nine members of staff who told us they received formal supervision and appraisals of their work. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. One member of staff told us, "We can set goals to achieve and we discuss how everything is going." Another member of staff told us, "We also work with team leaders and they can see the work we do. They will always let us know if we are not doing things properly." This meant that staff's performance and development needs were regularly assessed and monitored.

Information was available in the service about how to use advocacy services. An advocate is a person who people could speak with, or speaks on people's behalf and makes sure people's views are listened to or they get what they are entitled to. The registered manager told us that one person was currently using the services of an advocacy organisation to support them with decisions about future

care. People we spoke with told us they were happy with how they were able to make decisions and preferred to talk to family members rather than use the services of an advocate.

Specialist equipment was available to meet people's identified needs and accessed through community health teams. People were provided with different equipment to meet their individual needs. This included moving and handling equipment, slide sheets, wheelchairs and pressure relieving equipment. This meant people had access to equipment to provide suitable care.

We saw the care records included information about people's general health, including assessment for pressure care and identified health concerns including diabetes. We saw where a health concern was identified people received support from health care professionals. We spoke with a member of the community nursing team about the support provided. They told us they were confident that the staff had the skills necessary to provide appropriate support for people. They told us, "I can always rely on the staff to follow any plan that is developed. They always keep the records up to date and let us know if there are any problems." This meant the staff had a clear understanding of how to meet each person's needs in an effective and consistent way.

People we spoke with told us that the staff supported them to see health care professionals such as GPs, occupational therapists and community nurses. People told us where it was not possible to go alone, arrangements could be made to have staff accompany them and provide support. One person told us, "If we have any problems, the staff are always there to help us out. Sometimes I just need help reading and arranging an appointment." This meant people received support to have their health needs met.

Are services caring?

Our findings

During our inspection we observed staff interactions with people using the service in the communal areas of the complex. This helped us assess and understand whether people were receiving good quality care that met their individual needs. We saw that people were at ease in the presence of staff and spoke about their family and activities. Staff knew people well and were able to respond and share experiences. People we spoke with told us the staff were friendly and always available. One person told us, "I know the staff are busy, but they never make you feel like you're bothering them. They always have time, even if it's just to ask how we are. If we want anything the office door is always open and we just have to pop in." People told us this meant they were happy with how the staff provided their care.

The staff told us they were aware of the importance of treating people with respect and dignity, and took account of their diverse backgrounds. It was evident from the discussions we had with people using the service and their relatives that the staff treated people as individuals, and were familiar with their unique needs and preferences. One person told us, "There aren't many men that work here, but it doesn't matter. All the staff are discreet and handle

personal things so well. I never feel uncomfortable, the staff are so respectful." This meant staff respected people's individual needs and understood the importance of meeting these.

The care records were written in a person centred style, which meant they included personal information about how people wanted to be supported. People we spoke with told us they were asked about how they wanted the care to be delivered. One person told us, "They asked me what I wanted when I moved here and wrote it down. The staff come and help me to get up and are very kind. They do everything they need to do and more. They always greet with me with a smile and check on me throughout the day." Another person told us, "They staff listen to what you have to say." If they come and I don't want them to do something, they don't force me, they understand, but they always make sure I'm okay." This meant people had their individual support needs met in the way they had requested.

The staff we spoke with were clear about their role and how to provide a service to people. Each day there was a team meeting and part of this included a discussion on one of the values of the service. The staff knew these and the registered manager told us, "It's important that we talk about our values and what it means. It's how we ensure we can provide quality care. The values are at the heart of what we do." This meant the people received support from staff who were committed to providing a caring service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We looked at five care records which contained a support plan of how the provider would meet each individual's identified needs. The support plan varied for each visit depending on the time of the day. For example, where people received support in the morning, it described how people wanted to be supported with bathing and dressing. Where people received a visit later in the day, it described how people were to be supported with medication or for eating and drinking. We saw evidence that the provider responded to people's changing needs. We saw one care record which contained a six week reablement support plan. The provider had ensured the staffing levels had been organised to meet the additional support required.

The registered manager told us in addition to providing personal care to people in their homes, activities were organised in the communal areas of the complex. The staff told us people using the service were included in the planning of activities. One member of staff told us, "It doesn't matter what age you are, it's important to do the things you like to do. It's pointless arranging things that people don't want to do." Staff had received training for supporting people with dementia related conditions and specific activities were organised. One member of staff showed us picture boxes which had been completed with people. One member of staff told us, "These boxes are designed on something that was important for that person. This one looks like the theatre they used to go to. Inside we have personal pictures that mean something to them and we can use these to talk about what is important to them."

People we spoke with told us they were happy with the activities that were provided. One person told us, "We organise things ourselves too. We have these facilities so it's good to use them." Another person told us, "One of the staff took me to a family wedding. They were brilliant and so discreet you didn't know they were there. I can't thank them enough as it meant a lot to me and my family that I could go. They always go the extra mile." This meant the provider responded to specific individual needs.

Two people we spoke with told us they received an information pack before they started using the service. They told us they were able to visit the service and ask about how they would be supported. We saw this included information about the service, the care and support provided, the tasks that the staff completed and how to

complain. One person told us, "They explained everything to me and my family. After looking around and talking to the staff I knew this was the place for me, and I haven't been disappointed."

There was a formal care and housing contract in place which was signed by the person using the service and the provider to evidence their agreement. People we spoke with understood the care and treatment choices available to them and told us they had been able to choose when they wanted the care to be delivered. The registered manager told us that all documents could be produced in large print for people with a visual impairment. The local authority could, upon request translate documents into braille or other languages where this was appropriate to ensure people diverse needs were met. The registered manager informed us that this was not required, as the current documentation and format met the needs of the people using the service.

People told us they were included in any review about their care and support. One person told us, "The staff make an arrangement to meet with us and we can invite our family if we want. We sit and talk about the support and whether it is okay and if we want anything changing. They will always try and accommodate things if you want something done differently." This meant people were able to choose how they wanted to be supported.

People using the service had capacity to make important and every day decisions about their life. Having capacity means being able to make decisions about everyday things like what to wear or more important decisions like making a will and deciding where to live. People can lack mental capacity because of an injury or condition, stroke or dementia.

We spoke with two staff about how people would be supported to make decisions where they no longer had capacity. The staff we spoke with told us a capacity assessment would be completed to determine whether people were judged to have the capacity to make a specific decision. Where people did not have capacity, a best interest decision would be made in conjunction with people who were important to them. Whilst people have capacity they can choose to set up a lasting power of attorney (LPA). This gives someone the authority to make

Are services responsive to people's needs? (for example, to feedback?)

decisions on the person's behalf when they no longer have capacity. The registered person knew that evidence of a LPA needed to be sought, to ensure decisions were being made by people who had authority to this.

Are services well-led?

Our findings

The provider sought the views of people using the service through quality assurance surveys. We saw the last quality surveys were carried out in October 2013 and from completed surveys we saw that responses were generally positive about the service and how staff provided support.

Information from the survey was provided to staff and people using the service and included how the provider had identified what they did well and what needed to be improved. People we spoke with told us they had received this information and was fed back to them in a way they could understand. The registered manager told us that an action plan was developed to ensure improvements were made and people told us they were could contribute to how the service made developed.

We saw a copy of the last quality monitoring visit carried out by the local authority. We saw there were three recommendations and the provider had addressed these concerns and made improvements to the service. This demonstrated that that the provider had responded appropriately to bring about improvements.

We saw evidence that systems were in place to ensure the service was managed appropriately. A senior manager visited the service on a monthly basis to assess how it was managed. We saw these visits included reviewing records and talking to people using the service and staff. A report was completed and an action plan was developed to ensure improvements to the service were made. This meant the provider was able to identify and act on any concerns to ensure the service was suitably managed.

We saw that the registered manager carried out regular audits in order to assess and monitor the quality of the services that people received. These looked at areas such as health and safety, infection control, care planning and risk assessments. Accidents and incidents were reviewed to identify any trends. The registered manager told us this information helped to ensure that there was enough staff on duty to provide support and reduce risks to people.

People we spoke with told us there were regular meetings where they had opportunities to discuss concerns and complaints; we saw these meetings were recorded. One person using the service told us, "If there's anything bothering us, the office door is always open. We just have to tell them or they will never know." We saw a copy of the

complaints book and where people had made a formal complaint, there was evidence of an investigation and outcome. The registered manager told us, "We listen to what people have to say, so we can deal with things before it becomes something larger. Most things can be dealt with there and then and we are always available." This meant the provider responded to concerns and people told us they were confident these would be addressed.

The provider displayed information about the philosophy of the home and there was literature available about what people could expect from staff. Posters displayed who to contact if people had any concerns including details of a confidential telephone service. People we spoke with told us they had not needed to use this service and were confident that any concerns would be addressed by staff.

The staff organised meetings where people could influence the service delivery including health and safety and activity meetings. We saw these were advertised on the notice board in the entrance hall and within the newsletter. We saw a record of these meetings were recorded and included who had been involved in any decision making. One person told us, "There's things you can get involved with if you want to, but you are not forced to. It's up to you." This meant people were involved in how the service was managed.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices. They told us they would ensure people using the service were protected from potential harm or abuse and felt they would be supported by the management team. One member of staff told us, "We've all had training about what to do if we see something. I know that it would be addressed. We work together closely and there's no way we'd let people here be harmed. They mean too much to us." This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.

We looked at the staff roster and saw that systems were in place to manage and monitor how the staffing was provided to ensure people received the agreed level of support. We saw the care records were reviewed and the registered manager monitored the numbers of hours

Are services well-led?

service people received to ensure this was provided as contractually agreed. This meant the provider had systems in place to ensure the staffing provided met the support needs of people using the service.