

# Coverage Care Services Limited Chillcott Gardens

## Inspection report

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Date of inspection visit:  
22 September 2016

Date of publication:  
31 October 2016

## 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

This inspection took place on 22 September 2016 and was announced. Chillcott Gardens provides personal care for older people and people living with a physical disability or sensory impairment in their own homes. At the time of the inspection 52 people were receiving a regulated activity. At the last inspection in April 2014 we found the provider was meeting all of the requirements of the regulations we reviewed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff knew how to identify potential signs of abuse and were aware of how to report any concerns to people's safety. Risks had been assessed, managed and reviewed in order to protect people from avoidable harm. People received support from a consistent group of staff who knew them well. The provider had recruitment systems in place to ensure only suitable staff were employed to work with people. People received their medicines as prescribed with support from trained staff.

People told us staff had the skills and knowledge required to support them. Staff felt supported by the registered manager and provider and received training relevant to their role. People were asked for their consent before care and support was provided and, where appropriate, decisions were made in people's best interests. People were happy with the food and drink provided. People were supported to access healthcare professionals when required.

People told us the staff who supported them were kind sensitive to their needs. Staff regularly supported people with things that were above and beyond their expected duties. Staff understood people's needs, preferences and communication styles. People were supported to make their own decisions in a way that promoted their independence and maintained their privacy.

People were involved in the planning, assessment and review of their care. People were supported to follow their interests by staff who encouraged them to share their experiences and hobbies. People knew who to contact if they were unhappy about any aspect of their care. The provider had systems in place to ensure complaints were managed appropriately.

People and staff were complimentary about the management and leadership of the service. Staff felt supported by the registered manager and provider and were able to share their views and concerns. There were systems in place to monitor the quality of the service provided and people had been asked to give feedback about the service they received.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by staff who knew how to recognise signs of possible abuse and were confident to report any concerns. Risks to people were assessed, managed and reviewed to protect them from avoidable harm. People were assisted to manage their medicines and received them as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training relevant to their role and had the skills required to care for them. People were asked for their consent before care and support was provided. People were supported to maintain a balanced diet and to access relevant healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and sensitive to their needs. Staff understood people's needs and preferences. Staff regularly carried out tasks in addition to those required to meet people's identified needs. People were supported by staff in a way that promoted their independence and maintain their privacy.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment and planning of their care and support. People were supported to follow their interests and encouraged to participate in on-site activities and events. People knew how to raise a concern about any aspect of their care and there were systems in place to manage complaints.

### Is the service well-led?

Good ●

The service was well led.

There were strong organisational values that were promoted throughout the service. People and staff felt able to contribute to the development of the service. There were effective systems in place to monitor the quality of the service provided.

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# Chillcott Gardens

## Detailed findings

### Background to this 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 was planned to check 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.

This inspection took place on 22 September 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to ensure that the manager would be available to assist with the inspection.

The inspection team consisted of one inspector. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

Prior to the inspection we sent questionnaires to people who used the service, their relatives and health and social care professionals to seek their views on the service provided. Of the nine surveys we sent to people who use the service, five people responded. We also received responses from one relative and two community professionals.

During the inspection we spoke to six people who used the service. We also spoke with five staff members and the registered manager. We looked at two people's care records and records relating to the management of the service including systems used for monitoring the quality of care provided.

## Is the service safe?

### Our findings

People told us they felt safe. 100% of people who completed surveys for us told us they felt safe from harm with their care worker. One person we spoke with said, "I feel very safe. If I'm worried about anything I'll tell one of the carers and they'll sort it out." Staff we spoke with were able to demonstrate a clear understanding of their responsibilities in identifying and reporting any possible abuse and told us they had received training in keeping people safe. One staff member told us, "If I had any concerns I'd go straight to the registered manager and if I needed to I'd contact CQC. We have a whistleblowing policy and I so I know how to raise any issues." We spoke with the registered manager who had a good understanding of how to report concerns to the local authority in order to keep people safe. The provider had previously made appropriate referrals to the local authority that lead on matters relating to safeguarding.

Risks to people had been identified, assessed and reviewed to reflect any changes in their needs to maintain their safety. For example, one person was at risk of leaving their property and becoming disorientated. We saw their risk assessment had been regularly reviewed and the frequency of night time checks had been increased to ensure their safety. Information about changes in people's risks were shared during a staff handover which took place daily. Staff alerted their team members to new risks they had identified to ensure risks could be managed effectively throughout each day. Where accidents and incidents had occurred the registered manager had reviewed these and taken appropriate action in response. For example, by reviewing risk assessments following a fall and discussing actions to be taken to prevent future falls with the staff team.

People told us staff arrived on time and stayed with them for the required time. 100% of the people who responded to our surveys told us their care worker arrived on time and completed all the tasks required. People told us they benefited from having staff on site as they could contact staff outside of their support hours if they needed to. One person told us, "The carers are brilliant; they are there when they should be and if you need anything you just ring them." Staff we spoke with understood the importance of consistency for people and had developed a strong rapport with people living at the service.

Staff told us the provider had completed pre-employment checks to ensure they were suitable to work with people. These recruitment checks included requesting references from people's previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. We reviewed two staff files and saw appropriate checks had been carried out. This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work with vulnerable people.

People were happy with the way they received their medicines. One person told us, "I struggle to see the labels on my medicines, so I feel reassured when staff watch to make sure I've taken the right ones." People who required assistance with their prescribed medicines were supported to do so and their medicines were stored in their own homes. Care plans provided staff with guidance to ensure people took their medicines safely and as prescribed. Staff told us they had been trained to support people with their medicines. The registered manager or team leader also carried out competency checks on staff to ensure they were safe to

support people with their medicines. There were systems in place to ensure people received their medicines as prescribed which included weekly and monthly audits on people's medicine records carried out by team leaders and the registered manager.

## Is the service effective?

### Our findings

People were supported by staff who had the skills and knowledge to meet their care and support needs. 100% of people who completed surveys for us considered their carers had the skills and knowledge needed to give them the care and support they required. All of the people we spoke with were happy with the support they received from staff. One person told us, "I think the carers are excellent, they understand me very well." Staff told us they felt the training they received was relevant to their roles. One staff member said, "I am always asked about training as part of my supervision. I have recently done some training in dementia as I felt I needed more knowledge. I have now changed my approach and have a much better understanding of people."

The registered manager monitored staff's training needs and ensured training was kept up to date. All of the staff members we spoke with expressed confidence in the registered manager and told us they felt fully supported in their role. Staff told us when they had started in their role they received an induction which gave them a good introduction to the provider, the service and the needs of people living there. One staff member told us, "I found other staff to be very welcoming and supportive. I had support from a team leader, who was a very good teacher. I soon felt confident to work by myself."

People told us staff asked for their consent before providing them with care and support. One person said, "The carers always ask if you are happy with the way they do things. They check to make sure it's ok." Staff we spoke with understood the importance of gaining people's consent and shared examples with us of how they ensured people were happy with them providing care and support. One staff member said, "I talk through everything I am about to do and ask if it's alright. I explain each stage and make sure the person is happy for me to continue." Staff we spoke with had received training in the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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. We discussed the MCA with the registered manager and they demonstrated they understood their responsibilities and people's individual wishes were acted upon. They shared examples with us of where best interests meetings had been held to support decision making for people who lacked capacity to make certain decisions. For example, one person had a door alarm fitted to alert staff to their movement as they may not have been able to keep themselves safe. The person's relative and social worker had been involved in making the decision. Information about people's capacity to make decisions was recorded in their care plans which gave guidance to staff on how to support people to make their own decisions where possible.

People were supported to eat and drink enough to maintain a balanced diet. Some people told us they received support from staff with their diet. Everyone living at Chillcott Gardens also had access to an onsite restaurant. People told us they were happy with the quality of the meals provided by staff. One person told us, "There is always choice and there is plenty of food." People's food and drink preferences were documented and staff knew people's likes and dislikes. For example, one person's care records indicated what they like to eat for breakfast and we observed staff preparing this. People told us that although not



everyone living at the service needed support from staff at meal times staff were mindful of their dietary intake. One person said, "The carers always ask me if I've eaten, they know it can affect my health if I don't eat properly." Where staff had raised concerns about people's nutrition and hydration we found the registered manager had responded by contacting relevant healthcare professionals.

People were supported to maintain good health and had access to healthcare professionals when required. Discussions with staff showed they knew how to respond to people's specific health needs. For example, changes in a person's appearance or physical health. One staff member told us, "We know people well so can tell if there is something wrong, even if people don't tell us. If I had concerns I would speak with a team leader of the registered manager and they would contact the GP." Staff told us and we saw people's care records detailed their health needs, conditions and any prescribed medicines. This provided staff with the information they needed to support people to maintain their health. We spoke with two visiting healthcare professionals who told us they felt the staff team communicated well about people's health needs. They said they were confident any instructions given to staff about how to maintain people's health were followed and the registered manager or a team leader were always available to discuss any changes or concerns.

## Is the service caring?

### Our findings

People were supported by a staff team who listened to them and had a caring approach to delivering care and support. 100% of people who responded to our survey said they were happy with the care and support they received. One person told us, "The carers are very kind. You can tell they are genuine from the way they speak to you." Another person said, "Staff treat me as though I am part of their family." The registered manager promoted a caring culture amongst the staff team. They told us, "I say to the staff, treat people as you would treat your loved one."

Staff we spoke with told us they enjoyed supporting people and felt they made a difference in people's lives. One staff member said, "Some people who live here have no family and our role is to make a difference. It's rewarding to know a person is just a little bit happier because of our support." Another staff member said, "People know we are a caring staff team because of our attitude, we have enthusiasm and if people aren't cheered up by our visit then we haven't done our job properly."

Staff understood the importance of people being supported in the way that they preferred. One staff member shared with us how they supported a person with their night time routine, which followed a specific order. They told us following the routine helped to reduce the person's anxieties. Staff shared with us a number of examples of where they or their colleagues had done things in addition to their scheduled support calls including visiting people in hospital and picking up groceries for them. People's preferences regarding their care and support were detailed in their care records. This provided staff with guidance about how the person wanted their care and support to be delivered. One person told us, "The carers know how I like things and they always ask if there's anything else I need before they leave." We saw from care records people had been involved in making decisions about their care and support and where this was not possible, people's family members had been consulted.

People told us staff supported them to maintain their independence by encouraging them to do as much as they could for themselves. One person told us, "The carers always ask me to wash my own face, because they know I can do it." Staff members were able to share examples of how they offered people choice when supporting them and encouraged people to maintain their independence. One staff member told us, "It's about involving people as much as you can. I encourage people to choose as much as possible, even with the small things like which clothes they wear." Where people were unable to communicate their views verbally staff were aware of their body language and facial expressions and understood people's method of communication.

People were supported in a way that protected their privacy and dignity. All of the people we spoke with, and 100% of those that responded to our surveys told us staff treated them with dignity and respect. One person told us, "The carers are mindful of how I feel; they always cover me with a towel when helping me to wash." Staff shared examples of ways in which they protected people's privacy by knocking on doors before entering rooms and closing doors when providing personal care. One staff member told us, "It's important to be sensitive to people's needs. You learn about people and what's important to them."

## Is the service responsive?

### Our findings

People told us they had contributed to and were involved in discussions and decisions about their care and support. One person told us, "We are asked about everything, they [staff] want to make sure we have everything we need." Staff we spoke with felt they had access to the information required in order to respond appropriately to people's needs. One staff member told us how they supported people to direct their own care. They said, "I always say to a person 'How are we going to do this? You tell us'." Initial assessments were completed by the registered manager and the information gathered at the initial assessment was then transferred into an individual care plan which staff followed to ensure the person's needs were met. Care plans were individualised and contained information and guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. For example, preferences for personal care and support required for health appointments. People's care needs were regularly reviewed and any changes were recorded. We observed a staff handover meeting during which staff reported any changes in people's needs and discussed any additional support they may require. Care records and risk assessments were then updated to ensure people received up to date care and support that was personalised to their needs.

People's well-being was promoted by staff who took an interest in people's hobbies and pastimes. The communal areas of the service were used to provide a range of activities and events. One person told us, "We are all asked about what we would like to do, and then the staff arrange things." Although people lived in their own properties they benefited from a service with communal space which enabled the staff team to offer activities for socialising. On the day of the inspection there was a line dancing session which a number of people were taking part in. Recent activities organised by staff included a daily coffee bar, a family fun day, day trips, comedy nights and access to the onsite library. There was also an on-site shop run by volunteers who lived at Chillcott Gardens. One person told us, "I spend some time volunteering in the shop, it's important to people here because we can't all get to the local shops. Here we can buy our essential items or treats." People had also been involved in a knitting club which provided blankets to people living in disadvantaged communities overseas. A monthly newsletter was made distributed to people which gave people details of the activities that were available. People told us they were encouraged to give feedback about activities and make suggestions for future events.

People told us they knew how to complain if they were not happy about any aspect of their care or support. One person told us, "If I had a complaint I'd speak to [name of registered manager]. I know they would do something about it." Although there had been no recent complaints there was a system in place to manage complaints and details of how to raise concerns were available in the communal areas of the service. Staff were aware of the complaints procedure and knew what to do in the event of a complaint being raised. One staff member told us, "If people aren't happy they usually tell us. If I can't resolve someone's concerns I would refer to the registered manager."

## Is the service well-led?

### Our findings

People spoke positively about the service and expressed confidence in the management team. One person told us, "I am very happy and would definitely recommend to other people." Another person said, "I think the service is well managed. [Name of registered manager] is always around, I see her every day." Staff were also positive about the leadership of service. One staff member told us, "The registered manager has strong relationship with the people we support, people are important to her." The registered manager told us they and the provider worked with other organisations to make sure they were following current practice and providing a high quality service. This included attending local provider meetings and information sharing events.

A survey had recently been undertaken to gather people's views and the results were in the process of being reviewed at the time of the inspection. People we spoke with told us they had been asked to give feedback about the service they received. One person said, "We are always asked what we think and we have resident's meetings where we can give our views." Another person told us, "I can't think of anything that could be improved, it's all brilliant."

Staff were motivated about their work and enthusiastic about the organisation. Staff expressed positive views about the registered manager and the management team and welcomed feedback which helped them become more effective in their role. One staff member told us, "We get feedback in our supervision meetings and are encouraged to learn and progress." Another staff member said, "I always feel very proud of what we do here. The registered manager does what they say they will do and they are very supportive."

Staff told us there was an open culture at the service and they were given opportunities to express their views. One staff member said, "There is always someone you can go to, the team leaders or the manager. There are other people within the organisation too, they show an interest and are supportive." Staff told us they would be confident in raising concerns with the registered manager or provider. A staff member told us, "The manager is very approachable; you know any concerns will be taken seriously." There were values in place, introduced by the provider which were promoted in staff handovers and team meetings and staff we spoke with told us they felt they were important to the staff team. One staff member said, "We focus on a different value each week, it reminds us of our responsibilities towards people."

There were systems in place to monitor the quality of the service. The registered manager and the provider carried out regular audits to ensure the care and support provided was of a high standard. A recent visit had been carried out by the provider and checks had been carried out in areas such as health and safety records, medicines records and people's care plans. Where areas for improvement had been identified there was a clear plan in place detailing the action required and the person responsible. The registered manager had reviewed records relating to accidents and incidents to identify any trends, and appropriate action had been taken to reduce the likelihood of similar events occurring again. The registered manager demonstrated a good understanding of the requirements of their role and had notified us of incidents and events as required by law.