Chimnies Limited

Chimnies Residential Care Home

Inspection report

Chimnies
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Date of inspection visit:
05 June 2017
06 June 2017

Date of publication:
18 July 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Our last inspection report of this service was published on 01 July 2016 and related to an inspection that had taken place on 03 and 04 February 2016. At the inspection in February 2016 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to Regulation 17, Good governance, Regulation 18, Staffing and Regulation 19, Fit and proper persons employed.

We asked the provider to take action to meet the regulations. The provider sent us a report of the actions they were taking to comply with Regulations 17, 18 and 19 on 09 September 2016. They told us they had already taken the action specified in the plan and were meeting the regulations.

We returned to carry out a comprehensive inspection on 05 June 2017. The inspection was unannounced. At this inspection we found that the provider had implemented new ways of working to address the breaches from the previous inspection which had resulted in an improvement to the service provided.

The Chimnies Residential Care Home is registered to provide accommodation and personal care for up to 29 people over the age of 65 years. There were 21 people living at the service on the day of our inspection. Some people living at the home were quite independent, only requiring minimal help and others were frail with various care needs such as Parkinson's disease or diabetes.

The accommodation is set over two floors in a large well maintained former vicarage with building extensions added over the years. Outside are well maintained gardens where people can enjoy sitting outside with good views in a rural setting.

There were two registered managers based at the service. A registered manager is a person who has registered with the Care Quality Commission 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. Chimnies Residential Care Home was a family run business owned by two providers, one of whom was one of the registered managers.

Safer recruitment practices were now being used. New staff went through a thorough application and vetting process to make sure they were suitable to work with the people living in the service. There were enough staff employed to meet the assessed needs of people. Many staff had worked at the service for a number of years and lived locally so were available and happy to cover short notice staff absences.

The provider had made additional training available for all staff to refresh and update their skills and knowledge as this was an area found to be of concern at the last inspection. Staff told us they found this had been of benefit and was an improvement made to the service. Staff were supported to carry out their role through regular one to one supervision meetings.

The premises were well maintained and the appropriate checks and servicing of equipment had been carried out. Fire evacuation documentation and practical drills required some improvement as these had not been carried out. We have made a recommendation about this.

Individual risks to people had been identified and assessments were carried out to make sure control measures were in place, helping to manage and control the risks. An initial assessment was undertaken with people before they moved in to the service. Care plans were developed to help staff to support people with their assessed needs in the way they wanted.

All aspects of medicines administration continued to be managed well. People received their medicines in a safe way and as prescribed. Accidents and incidents were recorded well by staff and monitored by the registered manager to check for trends or concerns.

People's rights were protected as staff had a good understanding of the Mental Capacity Act 2005. People were given choices and supported to make their own decisions. Where necessary, mental capacity assessments were carried out to assess people's ability to make specific decisions.

People were supported to maintain their health and staff contacted health care professionals when needed or when people asked. Those who had special nutrition and hydration needs were supported to access specialist advice and guidance. People were generally happy with the food provided and the choices available.

People said they were very happy living at Chimnies and found the staff to be kind and helpful. People were involved in their care and how they wanted things to be done. The service had a homely atmosphere with gardens and country views that people enjoyed.

There were mixed comments about the activities available for people to join in and enjoy. Most people appeared happy but some people said they would prefer to have more opportunities. We have made a recommendation about this.

Although no complaints had been made since the last inspection people told us they knew who to go if they did have a complaint.

The provider and the registered manager sought the views of people using the service through surveys and regular residents meetings. The views of other involved in the service were also requested through an annual survey.

The provider now had a range of monitoring and auditing processes to check the quality and safety of the service they were providing. These were used effectively and had improved the oversight of the service by the provider and the registered manager.

People and staff thought the service was well run. Staff felt well supported and said they were very happy in their role. They found the provider and the registered manager to be approachable and keen to listen to suggestions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The service was well maintained, however fire evacuation procedures needed some improvement.

Medicines were managed by staff who were trained to ensure safe administration.

Staff were trained and kept up to date in safeguarding adult procedures, and knew what action to take to keep people safe.

Individual risk assessments were in place to protect people from harm or injury. Accidents and incidents were monitored to help to minimise risks to people and staff.

There were enough staff to provide the support people needed. Safe recruitment processes were now in place so only suitable staff were employed.

Is the service effective?

Good

The service was effective.

Staff had now received the training they required to carry out their role. One to one supervision meetings were held with staff.

People's human and legal rights were respected by staff who had knowledge of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

A food menu gave people more than one choice each meal time. People were supported with their nutritional needs and specialist advice was taken when necessary.

People were supported to maintain their physical and mental well-being and to access professional help when required.

Is the service caring?

Good

The service was caring.

A stable staff team provided a kind and caring approach.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Staff protected people's privacy and dignity. Staff were encouraging and supportive to help people to maintain their independence.

People were happy and told us they were well supported, giving positive views about the staff.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed before moving in to the service and care plans were developed, identifying how people wanted their support.

There were mixed views about the opportunities available to take part in activities.

People had the opportunity to give their views of the service through surveys and meetings.

The provider had a complaints procedure and people told us they knew who to complain to if they needed.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focused on people. Staff spoke highly of the management team and felt well supported.

The provider now had robust quality assurance and monitoring procedures in place. These were used effectively to improve the service provided to people.

Records were kept well and were clear and well written.

Chimnies Residential Care Home

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 05 June 2017 and was unannounced. The inspection was carried out by one inspector and one expert by experience who has experience of a family member living in a care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and the provider's action plans. We also looked at notifications the registered manager had sent to CQC about important events that had taken place in the service which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with seven people who lived at Chimnies Residential Care Home and two visitors to gain their views and experience of the service provided. We also spoke to the registered manager, and four staff including two senior care workers. We asked three health and social care professionals for feedback about the service.

We spent time observing the care provided and the interaction between staff and people. We looked at four people's care files, medicine administration records and three staff records as well as staff training records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording

systems. We also looked at residents and relatives meeting minutes and surveys.

Requires Improvement

Is the service safe?

Our findings

People felt safe living at Chimnies Residential Care Home and this was reflected in their comments. These included, "Yes, I just take it for granted. I don't worry about it. Of a night time with staff on, you don't feel frightened, if you want to walk around it's ok", "Oh yes, I feel safe…I can't say why", "Definitely, that's one thing I do feel is safe. I have no reason to feel frightened, especially with the buzzer" and "I feel very safe here".

At our inspection on 03 and 04 February 2016 we found a breach of Regulation 19 Fit and proper persons employed. Suitable checks were not carried out to ensure new staff were suitable to work in the service. We also made two recommendations in relation to; individual risk assessments and personal emergency evacuation plans.

At this inspection we found that improvements had been made to ensure more robust recruitment processes were carried out. The provider had ensured that the appropriate checks were now made to ensure only suitable staff were employed to support people living at the service. Applicants completed an application form and were expected to provide a full employment history. Interviews were held to assess their suitability and aid the decision making process. References were followed up and checks had been made against the Disclosure and Barring Service (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people.

Many staff had worked at the service for a number of years and the staff team was consistent. Few staff vacancies arose so staffing numbers remained constant. Relief staff were employed to cover absences such as annual leave or sickness. The service was in a relatively rural area and most staff lived locally so where short notice absences occurred, for example staff ringing in sick shortly before their shift, staff were happy to respond. One member of staff said, "We are a really good team and we all get on well together. We all help each other out". In addition to care staff the provider employed a cook and domestic staff. Staff told us there were always enough staff to cover the care needs of people living at the service. They said they were not rushed and could take their time when attending to people's personal care needs. Staff told us they would tell the registered manager if they felt they did not have enough staff and they would respond immediately. One staff member told us, "There is definitely enough staff".

Staff had a good understanding of their responsibility to protect people from abuse. The guidance and advice staff would refer to about abuse if they had a concern to report was available through a comprehensive safeguarding procedure. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us they would have no problem raising any worries they had with the registered manager and they were aware of who to contact outside of the organisation should this be necessary. Where safeguarding referrals had been made to the local authority, records showed that lessons had been learned and issues had been addressed either individually with staff or in team meetings. Where things had gone wrong, further training had taken place to make sure all staff had the expected level of

understanding.

Individual risks had been identified and clear guidelines in place for staff to follow to control and manage risks. One person was at risk of falls. On analysis, it had been observed that they fell over more easily at certain times, when they were particularly anxious. Triggers and signs to look out for, such as the person becoming frustrated, agitated and a bit confused were detailed. This meant that staff could be more aware and vigilant at these times, putting identified measures in place to reduce the risk of falls. For example, having a cup of tea, watching a favourite television programme or other identified distractions. Staff were advised that the person usually preferred to then be left alone for a time. As well as the interventions put into place through risk assessment the person had been referred to the falls clinic to request their input into the person's care and support. Two people had type one diabetes. They each had detailed diabetic risk management plans in place, identifying the risks associated with diabetes and the signs and symptoms of serious complications the staff needed to be aware of. Guidance was in place so staff knew what to do and who to contact if they had concerns. A health and social care professional commented, "Risks are managed well, in relation to falls which are prevalent in the patients I care for all appropriate care is given and appropriate help called, GP or ambulance etc." Individual risk assessments were reviewed regularly every three months, or before if people's circumstances changed.

People continued to receive their medicines as prescribed from staff that were suitably trained. Medicines were kept safe and secure at all times within a locked medicine room. Systems were in place for the ordering, obtaining and returning of people's medicines. The staff ensured that medicines known as 'controlled drugs' were stored correctly and accurate records kept of when they were administered by the staff, in line with legislation. Controlled drugs are medicines with potential for misuse, requiring special storage and closer monitoring. The medicines room and fridge temperatures were monitored and recorded each day.

People's records contained up to date information about their medical history and how, when and why they needed their prescribed medicines. Some people had 'As and when required' (PRN) medicines. For example, co-codamol or paracetamol for pain relief. Detailed guidance was in place for staff to follow, including why the medicine was prescribed, when to give it and how to give it. If people were not able to verbally express their need for pain relief medicine, extra guidance was available for staff. Such as tools to enable staff to assess a person's pain before a decision was made to administer the medicine.

We observed medicines being administered. The staff member encouraged people to take their medicines and we found the process to be safe and hygienic. Medicines were signed for after they were given and there were no missed doses seen on medicine administration records (MARs).

Staff responsible for administering medicines had received training which included observations and competency testing before they could carry out the task. Following this, each staff member undertook an annual medicines assessment to check their continued competency. Staff had a good understanding of the policy and procedures for administration of medicines.

Accidents and incidents were recorded well. Staff completed an incident form, detailing what happened and the immediate action taken following the incident. The registered manager checked the incident forms to make sure all the details were recorded correctly. One person had a fall and was complaining of a sore wrist. The GP was contacted who advised the person attended the accident and emergency department at the hospital for an x-ray. The x-ray confirmed no injury. All details were well documented and a follow up plan to monitor and provide pain relief when necessary was made.

The premises were well maintained, clean and fresh and free from odours. All appropriate maintenance checks and servicing of equipment had been carried out. For example, electrical portable appliance testing, gas safety and equipment such as mobile hoists and bath chairs.

A fire risk assessment had been carried out to ensure processes were in place to prevent a fire on the premises. The servicing of fire equipment and alarms had been undertaken and were all up to date. Personal emergency evacuation plans (PEEP's) were now in place for each person. A PEEP sets out the specific physical, communication and equipment requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. However, these were basic and generalised and did not have the personal information required to make sure people would get the support needed to evacuate the premises safely. We spoke to the registered manager about this who said they would review all the PEEP's as soon as possible. The Kent Fire and Rescue Service had visited the premises to carry out an inspection in February 2017. Deficiencies had been found, these were itemised with the action expected to remedy the issues. Two of the three deficiencies had not been followed up appropriately by the time of our visit. A means of assisting people with mobility difficulties living on the first floor to get down the stairs was required. The provider and registered manager had carried out research to find the most appropriate equipment, however this had not actually been purchased. The provider did purchase an evacuation chair from the internet on the day we were visiting and showed us the order and the payment made. The second issue identified there was no emergency procedure to ensure all people could be evacuated without the reliance on the intervention of the emergency services. The registered manager was expected to remedy this and to ensure staff not only received training on the procedure but also had practice drills to ensure staff competence. Although the registered manager had coached staff on the fire procedure and had discussed this regularly with them to ensure their understanding, this had not been practiced in a fire drill. This meant that although staff may know what to do theoretically in the event of a fire it had not been tried out to check if it worked according to plan and to make improvements where necessary. We discussed this with the registered manager who said they had misunderstood the action required and would ensure practical fire drills were carried out regularly.

We recommend the provider and registered manager seeks advice from a reputable source to ensure practiced fire drills are carried out, recorded and monitored appropriately to ensure the safety of people, staff and visitors in the event of an emergency such as fire requiring evacuation of the premises.

Good

Is the service effective?

Our findings

The people we spoke with were happy to tell us about the food they had at mealtimes and they appeared to be generally happy with the quality and quantity. One person said, "Quite nice – we have a choice of two things and then if that doesn't suit, there's a list of other things. For example, an omelette or a sandwich. There are no complaints with the food. There is enough, I could have more if I wanted". Another person commented, "The food is good – it's freshly cooked, I like that. You have a choice – they will always suggest something. I've enjoyed everything" and a third person told us, "It's adequate – not what I would cook. Sometimes it's bland but it's all eatable, just different. If you don't want the food they will do you something different. I found it strange to have meals put in front of me!".

At our inspection on 03 and 04 February 2016 we found a breach of Regulation 18 Staffing. Staff were not receiving suitable training to make sure they had the skills necessary to support people in their care. We also made one recommendation in relation to staff knowledge of the basic principles of the Mental Capacity Act 2005.

At this inspection, we found that improvements had been made and staff had received the training they required. Staff had completed a number of training courses since the last inspection to make sure they had the skills necessary to support people well. Training undertaken in the last year included; first aid, fire, food and fluids, moving and handling, anxiety and depression, pressure sores and care planning. Training was a mixture of online learning and face to face with a trainer. For example, a specialist tissue viability nurse carried out pressure ulcer prevention training in December 2016. As well as the formal training attended, the management team held informal coaching sessions such as care plan reviews, fire drill and procedures. The management team also met with groups of staff when new procedures were introduced. For example, a group meeting had taken place to show staff how to use a new food and fluid chart introduced in February 2017. One member of staff said, "There has been a big improvement in training. We have done a lot in the last year".

Only one new staff member had been newly employed since the last inspection. They had been through a thorough induction process which included an introduction to the service and the provider's policies and procedures and a programme of shadowing experienced members of staff. Shadowing reports were completed by the members of staff leading on each shift, detailing what the new staff member had learned and how they responded.

The registered manager held one to one supervision meetings with staff to offer guidance, positive feedback and constructive criticism and support to encourage the personal development of staff. Annual appraisals had not yet been undertaken, however these were planned in to the supervision timetable.

The Mental Capacity Act 2005 (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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Although no DoLS authorisations were currently in place, the registered manager had previously made DoLS applications appropriately. The registered manager understood their responsibilities in making sure people's rights were upheld. People living at the service had the capacity to consent to their care and support and the registered manager kept this under review.

A mental capacity assessment was undertaken at the assessment stage before people moved into the service. This was to determine their capacity to consent to receiving care and support. Mental capacity assessments were carried out to check people's capacity to make particular decisions and to make sure they had access to appropriate support if needed. For example, some people, although assessed as having capacity, preferred to have the support of a family member with more complex decision making.

Staff now had a good understanding of the basic principles of the MCA and their responsibilities in ensuring people's rights to make their own choices and decisions were promoted. All staff had attended MCA and DoLS training since the last inspection. They were able to give good examples of how they supported and encouraged people to make choices and decisions on a daily basis.

The foods people liked and disliked were recorded in their care plan. For example some people preferred meals consisting of meat and two vegetables and others preferred lighter foods such as omelette or salad. Those who were on special diets such as full fat or low fat or softer foods had care plans with detailed guidance to make sure their nutritional needs were catered for. Specialist healthcare professionals had been involved to give their advice and guidance. For instance, diabetic nurses had visited and advised that two people with diabetes no longer needed to be on a low sugar diet and could eat normally. They advised that as long as the person did not have more than one helping they could have puddings or a slice of cake. Those who had lost weight and could be at risk of malnutrition had been referred to a dietician for their guidance and were weighed weekly to monitor their health. Food and fluid charts were in place for those whose appetite was low or who were on a special diet or if they needed encouragement to drink more fluids. People could have their meals in the dining room or in their own room if they wished. The dining room was a pleasant room with views out over the garden and to the fields beyond. People were not kept waiting around for their meal once seated, meals were served promptly. People were chatting amongst themselves and those in the dining room did not appear to need assistance to eat their meal although staff were available.

People's health needs were well catered for. People told us the staff responded promptly to their health concerns. One person told us, "The Doctor comes in once or twice a week. I haven't had to see him – you ask the senior [care worker] to arrange an appointment if you want to see him" and another said, "I'd say to one of the girls [care workers] if I had a headache or something. You ask to see a Doctor and one of the girls [care workers] will make an appointment here". All contact made with health and social care professionals were carefully detailed within the care plan, making sure people had access to the care they needed. Staff had concerns about one person's mental health needs as they were showing signs of distress on occasion and it was noted that this had become more frequent. Records showed comprehensive recording of referrals made to health and social care professionals to gain access to the right support. For example, the GP had been contacted a number of times, the district nurses and the specialist dementia nurses. The mental health team had undertaken an assessment and offered their opinion and advice. Monitoring and review continued to make sure the correct support was offered and staff remained flexible according to need on a daily basis. One person had type one diabetes and required insulin injections. District nurses attended every day to

administer the injection and take regular blood sugar tests to monitor their health. Regular referrals and contact was made with district nurses to dress wounds, to administer flu injections or to take blood tests ordered by the GP.

Good

Is the service caring?

Our findings

People said they were happy living at Chimnies Residential Care Home and they told us they found the staff kind and caring. The comments we received included, "Very good – they are really nice. Staff are kind", It's nice, I like it here – the staff are very good to me, it couldn't get any better", "They keep it nice and clean – I would commend it to anyone", "Yes, they have to put up with me. The night staff are very good. They come quickly if you buzz" and "They look after me – there are times when you could do with more being done but overall it's ok".

Family members and friends were welcome to visit at any reasonable time. Because most staff had worked at the home for a number of years and lived locally, they knew most families very well. Relationships had built which meant that staff could chat to people about their family members, tending to know who was who. Loved ones were kept informed if people were ill or had seen the doctor or if they were upset and wanted to chat to their family. We saw people on the telephone to their family members during our visit. One member of staff who had worked at the service for a number of years told us they had thought about the fact they had worked there for so long and whether they should consider moving to new employment. They said, "I love it here so much though so wouldn't move".

Staff clearly knew people really well. All the staff we spoke with spoke of people with fondness and could talk about each individual person's likes and dislikes and what was important to them. One member of staff had returned to work after being away on annual leave following their wedding. We heard people asking about the wedding and asking to see photographs. The member of staff told people they would show the photographs to everyone who wanted to see them. Staff said they have time to spend with people, chatting or involved in an activity. A staff member told us that one person living at the service had taught her how to knit the previous week. One member of staff said, "We know their ways and what they like. That is really important". Another staff member said, "We have time to get to know people well and so we have a close bond". A health and social care professional told us, "The staff go the extra mile. One person doesn't have any family and the staff bring in their favourite chocolates for them".

People and their family members were involved in deciding how they wanted to be supported and what was important to them. One person said, "Staff do things the way I want them to – they're very good like that" and another person told us, "They always ask me, or I tell them and they do it. I can do what I like – there are no laws here". Care plans were person centred with clear and detailed information about the person and their life before coming to live at Chimnies. People were asked if they wanted to discuss their preferred priorities at the end of their life. Some people did not want to discuss this. For those who did, a care plan was in place setting out their wishes. Discussions included family members so that staff knew what people wanted when the time came. A health and social care professional told us, "In my experience, as I deal with some who are approaching end of life, the care has been excellent and the staff have always kept me informed about changes and response to changes in medications" and "I am impressed at the level of care given to those reaching end of life. A lady died there recently and it was appropriate not to move her to nursing care. The staff were excellent. This lady's family also wanted the lady to stay there so I think that reflects the dedication of the staff too" .

The service was homely and people's bedrooms were individual and personal. The décor, although well decorated had flowered wallpaper and some patterned carpets. This appeared to work well for the people who lived at Chimnies. However if the provider decided to accept referrals for people living with the more advanced stages of dementia, the environment may not be suitable for those people. For example, changes between floor or carpet colour could be perceived as steps, potentially increasing the risk of falls, or patterned wallpaper in different rooms may disorientate people. A staff member said, "It is homely, it's not clinical. People are very well cared for. It's what people and their families like".

The gardens were well kept, neat and well presented with borders of flowers. Seating was available and people could go out when they wished when the weather was fine. Views of open countryside could be seen from all areas of the garden. A small paddock housed donkeys and people enjoyed going out to see them and feed them or just watch them for a while. One health and social care professional said, "The people I speak to are always happy living here" and "The staff are very caring. I watch them and they clearly know people well". Another said, "Staff are friendly and approachable".

People and their family members were given a service user guide when they first moved in to Chimnies Residential Care Home. This included all the information people would need to know and who to speak to if they needed more clarification, for example if they wished to make a complaint.

Good

Is the service responsive?

Our findings

There were mixed comments about the activities on offer at the service. Some people were quite happy with the amount of activities and others appeared to want to do more. The comments we received included, "I watch TV in the day", "There's not a lot to do here – bingo, vicar, music man. Now and again I get bored but I'm alright", "I sit and watch things or I go out with my family", "We do exercises with music – we do bingo – a chap comes in and plays music. He sings well", "I do go downstairs for lunch and I sit outside in the nice weather" and "We don't have outings. I have a cousin who takes me out – for a meal on my birthday or at Christmas".

An activity timetable for the week was pinned on a noticeboard. Some external entertainers attended regularly to provide sessions such as sing-a-long, motivation and armchair exercises. However, staff were responsible for providing the main activities so these were generally planned for the afternoon. The more popular activities such as bingo had regular slots each week as people were keen to join in. On the other days, people decided what they would like to do such as various board games or arts and crafts. Many people preferred to spend time in their rooms and for these, staff would tend to sit with them and have a chat or engage them in their interests. Each person had a care plan covering their social needs. Care plans detailed their relationships such as family and friends and whether they preferred to stay in their room or whether they preferred to socialise with others every day. One person's care plan recorded they liked to stay in their room and detailed the subjects they liked to chat about. Comprehensive information about their family was also included and the importance of their family in their life. Risk assessments were in place for those who spent most of their time in their room addressing the risk of social isolation. Although their care plan and risk assessment guided staff to always ask if the person wanted to join in activities, the guidance did not go further to advise what to do if the person did not want to, which was usually the case. People did not have individual activity plans to encourage and support people to pursue their own interests and hobbies.

We recommend the provider and registered manager seeks guidance and advice from a reputable source to produce individual activity plans to further avoid social isolation.

The registered manager undertook an initial assessment with people before they moved into the service. The assessment checked the care and support needs of each person so the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed.

The initial assessment led to the development of the care plan. Individual care plans were detailed, setting out guidance to staff how to support people in the way they wanted. Staff told us they had all the information they needed within the care plan to support people well. One member of staff said, "The care plans are easy for everyone to follow. We have all the information we need". Care plans covered all aspects of people's daily living and care and support needs. The areas covered included; medicines management, personal care, nutritional needs, communication, social needs, emotional feelings and dignity and

independence. The medicines care plans identified the support required by each person. For example, if they had problems swallowing tablets or refused their medicines at times. Information such as whether people were able to communicate if they were experiencing pain was detailed. Sometimes people were reluctant to wash or shower and this was addressed in the care plan for personal care, giving guidance to staff. Most people changed their minds if staff returned a short time later and asked again, or if a different member of staff asked. If people still chose not to wash then this was respected as their decision at that time.

Care plans were regularly reviewed every month. Care plans reviews were thorough, capturing any changes through the previous month or if there had been interventions such as with health care professionals. A health and social care professional told us, "The care plans are very person centred. I can see the person as I am reading".

Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many recordings were made throughout the day and night, ensuring communication between staff was good benefitting the care of each person.

Residents meetings were held regularly every month. People's family members were welcome to join in if they wished. At the meeting on 10 May 2017, 15 people attended. People talked about; Activities and what people liked, enjoying going out in the garden in the fine weather, reminders about drinking more fluids in warm weather and the registered manager reminded people they can stay in the lounge as long as they want at night and go to bed when they wish. At previous meetings people were asked if they knew who to go to if they had a complaint or concern, food choices were discussed and activities.

The provider asked everyone involved in the service for their views. A survey was sent out in January 2017 to people who lived at the service, their family members and friends and health and social care professionals who had an involvement. 17 out of the 20 people who lived at the service completed the survey and overall the feedback was positive. Four people commented on some areas where they would like to see improvement. The registered manager spoke to them and agreed what to do next. Seven completed surveys were returned by family members and again the overall views were positive. One family member said in their survey response that they had not seen the complaints procedure. Visitors were made aware that a copy was always available on the notice board. Three surveys were returned by 'professionals' involved in the service. All ticked either 'excellent' or 'very good' to the questions asked.

The provider had a complaints policy in place and details of how people could make a complaint was given in the service guide for people and their relatives. This gave clear details of what people needed to do, and what people could expect in terms of responses and time scales. The complaints procedure was pinned up on the notice board so people and their family members had the information available should they need it. No formal complaints had been received since the last inspection. However people and their family members told us they would know how to raise a complaint and who with. One person said, "I would speak to [Registered manager name], yes when there have been different little things they have always been sorted out" and another person told us, "I think I'd see [Registered manager name], she would listen to me". The provider had received many compliments and these were all made available for staff to read.

Good

Is the service well-led?

Our findings

The comments we received from people about the service and how it was run were very positive and complimentary. These included, "I don't think you could wish for a better place – I'd recommend it", "I think it's very well managed", "I think it's managed alright – they can be a bit short staffed but most of the girls have been here quite a while and they do their best to have it running smoothly" and "If you have a gripe [Registered manager name] will help you out. Yes I think it is well managed".

At our inspection on 03 and 04 February 2016 we found a breach of Regulation 17 Good governance and Regulation 19 Fit and proper person's employed. An effective quality assurance system was not in place to monitor the quality and safety of the service. The registered managers had not kept up to date with training and current best practice.

At this inspection, we found improvements had been made as a robust quality assurance system was in place and training had been updated. The provider now had a range of different audits to monitor the quality and safety of the service provided. These included monthly audits, three monthly, six monthly and annual audits. The monthly audits included; the manager's audit, care plan and medicines administration and recording. The health and safety audit was carried out three monthly. An infection control audit was undertaken six monthly and a dignity audit carried out once a year. As well as the provider's own internal audits, an independent consultant undertook a comprehensive audit across all areas every four to six months and the pharmacy that supplied the prescribed medicines carried out an annual audit of all aspects of medicines administration. Where issues had been identified by the auditor, either internal or independent, an action plan had been produced with the action taken, dates of action and who completed them. The registered manager had a continuous improvement plan to track all actions and improvements made through 2016 and 2017.

Staff spoke highly of the support they received from the registered managers. The comments we received form staff included, "The managers are very supportive, in and out of work. They are very approachable and always listen to staff", "The managers are very good, I trust them and would always speak to them if I had a problem or concern" and "[The registered manager name] works really hard. They are all very approachable, I would go and speak to any of them if I had a concern"

All the staff we spoke to spoke of the close working relationship within the team. They all said that the team worked well together and many of them had known each other most of their lives, had been at school together or with a family member.

The registered manager held regular staff meetings once a month to aid communication and provide peer support and updates to the staff. At the meeting on 05 May 2017, 12 staff attended and the discussion included; updates and changes in people's care needs, health and safety issues, clarifying the accident and incident reporting procedure, fluid recording and the encouragement of fluids in the warmer weather. Previous staff meeting minutes showed similar good attendance and discussions around current topics of interest.

Staff were asked their views of the service through a survey sent out in January 2017. Nine staff completed the survey. The overall views were positive with staff ticking 'excellent' or 'very good' to most questions asked. Four staff had ticked 'quite good' to questions around recruitment and induction. Although this was not a 'poor' response, the provider had not responded to this in their evaluation and explored further what may have been meant by staff. We spoke to the registered manager about this who saw that in the context of the rest of the very good feedback it was something to explore and find out why staff were not quite so positive.

We asked staff what the best thing about Chimnies Residential Care Home was and one staff member said, "The relationships we all have, we all know each other very well. We know the residents well and they know us well. And it is very well run".

Medway council, who commission support services for ten people living at the service had recently carried out a compliance visit, on 12 May 2017. Their report showed they had found an improved service when compared to their previous visit in November 2016. All the action they had requested had been carried out. A health and social care professional told us they had seen a big improvement since the last inspection. They told us, "I am confident because when I suggest something or ask for something to be added, it is always done quickly" and "I have no concerns at all".

All records were stored in locked cupboards or rooms so that people's confidential information was kept secure.

We checked that the provider had displayed the ratings from the last inspection within the service and we found they had.