

Sonic Gold Limited

The Chimes Residential Home

Inspection report

6 St Christopher Avenue
Stoke On Trent
Staffordshire
ST4 5NA

Tel: 01782744944

Date of inspection visit:
30 November 2020

Date of publication:
13 January 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Chimes Residential Home provides accommodation with personal care for up to 44 people. People who use the service had physical health and / or mental health needs, such as dementia. At the time of the inspection, 43 people used the service.

People's experience of using this service and what we found

People's risks were not always managed safely. People's risk assessments were not reviewed or completed to ensure they were kept up to date and reflected any changing needs. People's care plans and risk assessments were reviewed monthly. However, not all actions relating to people's care had been documented when there was a change in circumstances.

Medicines were administered safely, and records demonstrated that people had received their medicines as prescribed. Staff medication training and competency checks were up to date.

The service was clean and free of malodour. There were a number of personal protective equipment (PPE) stations positioned throughout the home and staff wore appropriate PPE.

The registered manager's care file audit system had not always been effective in finding the issues and information that had not been updated.

People told us they felt safe in the home.

Relatives were positive regarding the communication they'd received from the service during the pandemic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 07 December 2019). The service remains rated requires improvement. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Chimes Residential Home on our website at www.cqc.org.uk.

Why we inspected

We received concerns in relation to people's care and how the service was promoting people's safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. We did not inspect effective, caring and responsive due to us wanting to limit ourselves and spend the least amount of time in the home as possible.

Follow up

We will aim to re-inspect this service within the published time scale for services rated requires improvement. We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Chimes Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one assistant inspector.

Service and service type

The Chimes Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave one hour's notice so we could clarify the service's COVID-19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding or COVID-19 positive so we could respond accordingly.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

Due to the national pandemic we completed a focused inspection therefore reducing the time we spent at the service. We spoke with the registered manager, deputy manager, five staff members and five people.

During our time at the home we observed staff interactions with people. We looked at records relating to wound care management, risk assessments, five people's care plans and accidents and incidents. We requested further information after our visit, this included risk assessments and care plans.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we spoke with three relatives over the phone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection in November 2020, the delivery of care for people was not always safe. Information relating to people's individual risks was not always recorded or did not provide enough assurance that people were safe. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

Assessing risk, safety monitoring and management

- Risks to people's safety were not always accurately assessed and planned for.
- Peoples care files appropriately identified how people needed supporting with repositioning to maintain healthy skin. However, the repositioning records for two people indicated they had not always been repositioned at the intervals identified in their care plan. A separate recording section of their care plan identified they had received personal care during times their repositioning chart had not been completed however and staff spoken with were able to confirm how often people should be repositioned.
- We found that one person's care file hadn't been updated to reflect their needs. Their mobility care plan stated they were cared for in bed and they needed support with their skin integrity. The care plan had been reviewed monthly but stated 'no changes'. However, the deputy manager told us the person was no longer supported in bed and their skin was intact. Staff told us they knew this person's up to date needs and how to support them. The registered manager told us they would update the person's care plan to reflect their current needs.
- People's individual emergency evacuation plans were in place and accurately reflected their care needs in case of an emergency.
- Daily handovers were completed that recorded any outstanding concerns related to people and the environment, ensuring staff remained up to date with all important information related to safety.
- Following the inspection the registered manager acted immediately and sent evidence of improvements and updates that had been put into place in people's care files.

Staffing and recruitment

- Systems were not always effective to ensure people were being supported by suitable staff. One staff member, who had been employed by the service since late 2019, did not have any evidence to show they were a person of good character, such as references from previous employers. This was brought to the attention of the registered manager who immediately re-requested this information which they understood was contained in their file. Following the inspection, the registered manager sent through evidence of a references they have received for the employee.
- We found that people were supported by sufficient numbers of staff.
- Staff all agreed there was enough staff present to meet people's needs. They told us, "Staffing levels are all

right. I think we have enough staff. We never use agency."

Learning lessons when things go wrong

- Lessons were not always learned when things had gone wrong. All accidents and incidents were recorded and reviewed by the registered manager, however there was no overall analysis of these.
- We found the registered manager did not always look for patterns and trends with accidents, they would only record the number of accidents within a month. The registered manager could use any learning to prevent reoccurrence and confirmed they would do this now.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from harm and abuse. People told us they felt safe with the care they received from staff. One person told us, "Yes, because of the way its run", another person said, "Yes, I do feel safe. The staff make me feel safe."
- The registered manager understood the process to take when reporting a safeguarding concern.
- People were supported by staff members who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern. One staff member stated, "Safeguarding is protecting from abuse and harm. I'd report any bruises, changes in behaviour, their facial expression."

Using medicines safely

- At our last inspection we found that medicines were not managed safely. At this inspection we found medicines management had improved.
- People had their medicines managed safely. Records demonstrated that people had received their medicines as prescribed, in a way they preferred.
- Staff were trained to administer medicines safely and their competency to do so was checked.
- Staff supported people to take their medicines in a respectful way. Staff ensured that people's dignity was maintained when administering medication. People were asked if they were ready for their medicines and were given time to take them.
- Medicines were stored and disposed of safely, as required by legislation.
- Where people had medicines 'as required', for example for pain, there were clear protocols for their use. These had been completed following feedback from our previous inspection.
- Staff accurately completed electronic Medicines Administration Records (MAR). The MAR charts provided a record of which medicines were prescribed to a person and when they were given.
- The registered manager had introduced a medicines count, completed weekly, as well as monthly medicine audits. These highlighted any issue or concerns in a timely way and highlighted action that was put into place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection in November 2020, effective systems were not in place to ensure compliance with their legal obligations and the regulations. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our previous inspection we found the registered provider failed to ensure that people's care records were accurate and up to date. We found improvements where the registered provider had put new audit systems into place, however we still found some people had inconsistencies in their care files.
- For example, we found for one person who had fallen twice in November 2020, hadn't had their falls risk assessment updated to reflect these. However, the registered manager had put measures into place, where they had floor sensors in their bedroom, due to their identified high risk.
- The registered managers audits weren't effective in identifying full recruitments checks had taken place and people who required repositioning, the recording was taking place.
- There was a clearly defined management structure within the service.
- The registered manager had introduced a new effective medicines audit since the last inspection. Where there were errors with documentation this was clearly picked up by the audit and actions put into place.
- The registered manager worked alongside the provider to make and sustain improvements to the service.
- The registered manager completed other audits, which included, cleaning schedules, water temperature checks and accidents and incidents.
- Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could monitor the service and check appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they received high quality of care from staff and they felt positively about the management of the home. One person stated, "[Name] is the manager, they are lovely. The home is well managed, the carers are good, and the place is nice."
- Staff were positive about working at the service. Staff understood people's needs and preferences,

recognised the importance of knowing people well and could share details about people with us.

- The registered manager had worked hard to bring about change to the culture of the service. They led by example and acted to resolve issues and concerns and worked in a collaborative and inclusive way. One staff feedback on the management team and told us, "Management, so far, are very good, any problems you can go to them, I'd be confident if I had an issue."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and told us, "I always contact families for anything. Even with COVID-19, I will contact families. I have a really good rapport with families."
- We found that accident and incident forms had been completed evidencing the date the next of kin had been contacted.
- Relative's told us the service had informed them when their relative had been involved in an accident.
- The providers previous rating was displayed in the entrance to the home.

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

- Staff received training in relation to Equality, Diversity and Human Rights as part of their induction.
- The registered manager held staff meetings, so staff had the opportunity to feedback on the service.
- The registered manager had gained feedback from families during the past year. A quality questionnaire was sent out and all the feedback received was positive. One person told us, "The more [relative] has settled in, the more he loves it. Now [relative] has made friends there. They get on with staff and they are happy at the moment, top marks." Another relative told us, "[Registered manager] isn't just somebody who looks after my [relative], they treat them as their own [relative]."

Working in partnership with others

- Professionals recorded in people's care records when they had visited them.
- On the day of inspection, the service was in contact with professionals who visited the service to support a person with their specific needs.