Sonic Gold Limited

The Chimes Residential Home

Inspection report

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Date of inspection visit:
24 June 2021

Date of publication:
13 August 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 is a residential care home providing personal and nursing care to up to 44 people aged 65 and over. The home supports people living with dementia, mental health conditions, physical disability and sensory impairment.

People's experience of using this service and what we found
We have identified areas where the provider needs to make improvements to ensure people are in receipt of good quality care.

People had not always been supported by staff who had been safely recruited. Staff recruitment checks were not always completed in a timely way and gaps in employment history were not always explored and documented. We have made a recommendation about recruitment processes.

The provider was not following current government guidance relating to infection, prevention and control for COVID-19. Staff and managers did not always follow current best practice to ensure cross infection was minimised at all times.

Improvement was needed in the provider's governance systems to ensure they kept up to date with national government guidance. Records relating to the home's environment needed to be organised so they were easily available and audit trails made clearer.

Visits had commenced following the changes in government guidelines and relatives were screened for symptoms of COVID-19 before visiting their family members. People and staff had access to COVID-19 testing.

The provider had made improvements since our previous inspection to ensure the monitoring of when people were repositioned was recorded. Risks to people were identified and plans were in place to help staff manage and help reduce the risks. Staff knew how to support people safely and were attentive to their needs. People received their medicine when they needed them. People were supported by sufficient numbers of staff and staff knew how to raise concerns in relation to people's safety or abuse.

People and staff told us the registered manager was approachable and they were supported in their roles. The registered manager was aware of their duty of candour and worked in partnership with other organisations for the benefit of the people who lived at The Chimes Residential Home.

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

Rating at last inspection
The last rating for this service was requires improvement (published 13 January 2021). The service remains

rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We had received concerns in relation to the management of medicines, the cleanliness of the home and how the home was being managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. However, we have found evidence the provider needs to make improvement in other areas. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in relation to the provider's governance of the home and infection control practices.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was completed by two inspectors.

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.

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

Notice of inspection
This inspection was unannounced. However, we gave short notice of the inspection from outside the home. This was because we needed to know of the COVID-19 status in the home and discuss the infection, prevention and control measures in place prior to us entering.

What we did before inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 and from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and one relative about their experience of the care provided. We also spoke with one visiting health professional. We spoke with nine members of staff including care and domestic staff, the deputy manager, the registered manager and one of the directors.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found and requested further governance information from the provider.

Requires Improvement

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.

Preventing and controlling infection

● People were not fully protected from the risk of infection. Not all staff practiced effective infection prevention and control which was in line with current COVID-19 national guidance. We saw some staff touched their masks or wore them below their chins. Some staff had contact with different people without washing or sanitising their hands and some staff wore jewellery which would prevent effective hand hygiene.

● The provider's infection prevention and control policy was not up to date. This policy did not give staff any direction on what they should be doing during the COVID-19 pandemic to ensure effective infection prevention and control. Staff had received updated training for the COVID-19 pandemic but managers had not ensured it followed current national guidance.
● There were areas of the home where effective cleaning would be difficult due to unpainted and flaking paint on some surfaces and some equipment which had rusty areas. These surfaces can attract bacteria which could transfer to people and staff.

We found no evidence that people had been harmed however, systems relating to the control and prevention of infection during the COVID-19 pandemic were not in place. Staff and manager's practice did not follow current government guidance. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have also signposted the provider to resources to develop their approach.

Following our inspection, the registered manager told us all staff had repeated their relevant infection, prevention and control training and an IPC supervision had been completed on all staff.

● We were assured the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was accessing testing for people using the service and staff.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

● The provider's recruitment practice did not ensure employment references for potential new staff were always obtained in a timely manner. Gaps in potential new staff's employment history were not always

explored and documented. We found one reference with no name, date or signature of the person who had written it. Another staff member had bought their references with them when they started their first working shift. References need to be obtained in advance so the provider has sufficient time to examine them.

● To ensure potential new staff were suitable to work with people living in the home, the provider had ensured they did not start work until they had a Disclosure and Barring Service (DBS) check completed. DBS checks are used to vet staff and prevent unsuitable people from working in care.

● There were enough staff on duty to meet people's needs in a safe and timely way and people told us they had support when they needed it. Staff were visible throughout the home and we saw staff chatting and spending time with people.

We recommend the registered provider ensures recruitment processes are consistently implemented to ensure they are robust.

Assessing risk, safety monitoring and management

● The provider had not ensured the temperature testing of the hot water supply was completed as per their own process. Following our inspection, the registered manager provided evidence these checks were up to date.

● Access to one fire exit was restricted due to the amount of items stored in the corridor. The registered manager told us this was stocks of personal protective equipment and COVID-19 testing kits. They took immediate action to move this stock away from the fire exit.

● Other environmental health and safety checks were completed, which included gas and electrical safety and equipment used with people such as hoists and wheelchairs.

● Substances which could be harmful to people's health were not always kept secure. Whilst staff cleaned people's rooms, cleaning trolleys were left in areas where people had access to these substances. The registered manager took action to remove this risk.

● People's risk assessments included measures to minimise risk as much as possible. Staff were aware of the risks associated with people's care and knew how to support people safely. This included risk associated with people's mobility, their health conditions or weight management.

● Staff worked with community professionals to monitor and take action to reduce risk to people and help improve their skin integrity, independence and mobility. One district nurse told us they had provided training to staff about pressure area care so staff could take more responsibility under their guidance.

Learning lessons when things go wrong

● The registered manager had made improvement since our previous inspection and we saw evidence of actions taken in response to accidents and incidents. The registered manager told us they looked for trends when they reviewed incidents. They looked at all actions staff had taken to ensure they were appropriate and if any lessons could be learnt. We found some improvement could be made to ensure the registered manager's records fully captured their audit.

● The provider had oversight of all accidents and incidents and the registered manager told us the provider also monitored the actions they and staff had taken.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe with staff and living at the home. One person told us if they were worried about anything they would speak with staff. We saw people were comfortable and relaxed around the staff members who supported them.

● The provider had effective safeguarding systems in place, which staff understood and followed.

● The registered manager understood their responsibilities for liaising with the local authority if they had concerns about people's safety.

Using medicines safely

● Prior to this inspection we had received concerns which indicated people had not taken their medicine because tablets were left around the home. We found no evidence of medicines being left around the home or of people not taking their medicine as prescribed.

● People received their medicines safely and on time and said they were happy with the support they received.

● Staff were trained in medicines management and had competency checks carried out to ensure safe practice.

● People's medicines were safely received, stored and administered. Medicines were audited regularly with action taken to follow up any areas for improvement.

Requires Improvement

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.

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

- This is the third consecutive inspection where the provider has been rated requires improvement. Issues we found at our previous inspection had been improved on but we found some new concerns which we need the provider to address.
- We found the provider's IPC policy, business continuity planning and admissions policies had not been updated to reflect the COVID-19 pandemic and current government guidance. The registered persons told us they had not followed the most up to date guidance and acknowledged not all of their policies had updated.
- The registered persons had failed to take action when water temperatures were not checked in line with management expectations. Hot water temperatures around the home were often recorded as higher than acceptable and no remedial action was recorded. The deputy manager assured us action was always taken at the time to ensure it was at a safe temperature, but this was not recorded. This placed people at risk of scalding.
- The provider's environmental safety and maintenance records were not always available, managers had difficulty locating them and a lot of information was out of date. For example, the fire risk assessment was not available, however the provider showed us the recommendations which had been signed as completed.
- Actions taken by staff following incidents were not always clear because audit trails were difficult to follow. The deputy manager and provider struggled to find the information we required, for example, to evidence people were monitored following a fall.
- The provider's quality systems had failed to identify and make consistent improvement and ensure they incorporated national and local guidance in the running of the home.

We found no evidence people had been harmed however, the provider's governance systems did not ensure the quality and safety of care was improved. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider confirmed they had arranged a date for their next fire risk assessment and a new procedure had been introduced to ensure water temperature checks were completed monthly.

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

outcomes for people

● Staff and managers told us they all worked well as a team and staff said they were supported in their roles. One staff member said, "Nothing could be better, management are really supportive and we are open and honest with each other as a team."

● People were happy living at The Chimes Residential Home. They told us they felt settled and liked the staff who supported them. Staff spoke with and treated people in a person-centred way whilst they supported them.

● The registered manager worked at least one shift a week as a carer at the home in addition to their management responsibilities. They told us this was so they knew they had at least one day a week to keep up to date with people's needs and understand any issues in the home.

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 was aware of their duty of candour in being open and honest with people and relatives. They told us any lessons learnt from incidents would be discussed with staff to help improve future practice.

● The registered manager understood their responsibility to notify us about important events which affected people living at The Chimes Residential Home.

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

● People were kept involved in the relationships which were important to them. Staff had continued to facilitate telephone and video calls throughout the COVID-19 pandemic so people could speak with their loved ones. People could also meet with their relatives in a purpose built visiting area.

● Staff had the opportunity to discuss any concerns and feedback about their experiences of work. Managers had regular staff meetings at the home and staff also had one to one meetings with the registered manager.

● Staff told us the registered manager was approachable. One staff member told us the management were, "Really easy going" and they could, "Always speak with them."

Working in partnership with others

● Staff and the registered manager worked with local community health professional to help ensure the health, safety and wellbeing of people. This included district nurses, the local authority and community health teams.

● We received positive feedback from one district nurse who told us staff followed the care plans they put in place and they had a good working relationship with the home. They told us they had no concerns and "There was nothing they could do better".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured people were protected from the risk of cross infection. 12(1)(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective governance and quality systems in place which helped the service improve and reduce any risks to the health, safety and welfare of people. 17(1)(2)(a)(b)(f)