

Sonic Gold Limited

The Chimes Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

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, 42 people used the service. The service had three separate dining rooms where people could eat.

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.

Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place.

Personal protective equipment (PPE) was available for staff, such as disposable gloves to use to help prevent the spread of infection. However, we found during both days of inspection that staff were not always using the equipment provided when working with people.

We made a recommendation about staff use of PPE to help prevent the spread of infection.

We used the Short Observational Framework for Inspection (SOFI) during meal times that looked at people's dining experience. We observed that there was limited interaction between staff and people.

The registered manager's audit system had not been effective in finding the issues and risks that were found during our inspection.

There were effective systems in place to safeguard people from harm and abuse. The registered manager took the necessary action to implement the required learning identified from accidents and near misses.

People and their families, where appropriate, were involved in the planning of care and support needs. The registered manager had an effective system to ensure that staff received appropriate training.

People were involved in decisions about the décor of their rooms, which met their personal and cultural needs and preferences. People brought furnishings of their choosing that allowed personalisation of their rooms.

We observed staff supported people in a caring and compassionate manner. People's care plans clearly evidenced the support they required and their personal preferences.

The service facilitated several theme days throughout the year to celebrate different events, which involved people, relatives and staff members.

People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 good (report published 19 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches. Regulation 12 the registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed safely and the registered person failed to ensure the proper and safe management of medicines. Regulation 17 The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

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

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was response.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our safe 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, one assistant inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Chimes residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to

make. We took this into account in making our judgements in this report.

During the inspection-

We spoke with the registered manager, directors, eight members of staff, ten people, four relatives and one health care professional. We looked at five people's care records. We looked at records of accidents, incidents, and complaints received by the service. We looked at, recruitment records, staff supervision, appraisal records, policies and procedures and audits completed by the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at service policies. We requested information from five professionals but did not receive a response.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people 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. We reviewed three people's Malnutrition Universal Screening Tool (MUST), this is a tool which is used to establish people's risk of malnutrition. We found only one person had a (MUST) scoring tool completed, where two people did not. However, people were being weighed in line with care plan requirements and referrals had been made to GPs.
- One person whose MUST scoring tool had been completed had been incorrectly scored. This meant there was an inaccurate level of risk highlighted in the person's care plan. This meant the person's needs were at risk of not being met as staff did not have the information required to mitigate and manage this risk.
- This was brought to the attention of the registered manager, who acknowledged that the scoring was incorrect and scoring tools incomplete and would change the scoring risk in line with the MUST tool scoring system.
- Care plans and risk assessments were reviewed monthly by the management team. However, not all actions relating to people's care had been documented. For example, for one person, where referrals had been made, and correspondence received from professionals, this had not been updated in the care notes or the care plan accordingly. This meant the person had not / may not have received the care they needed.
- We found that medicines were not always managed safely by the service.
- Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place for prescribed creams to ensure that staff knew when to administer PRN medicine.
- The registered manager could not provide documentation of an accurate running total of medication stock that remained in the home. We carried out a random stock check of five people's medicines and found that four people's amount of medicine in stock did not match that recorded by the provider. For example, one person's controlled medicines count was incorrect. We found that the controlled medicines book had been completed incorrectly and that another person's controlled medicine had been added to their controlled medicines box.
- During our initial walkaround of the service with the registered manager, we found a loose medicine tablet behind a door in the lounge area. This was shown to the registered manager who could not explain how this had got there.
- Medicines were stored in locked cabinets at suitable temperatures, according to the manufacturers' instructions.
- We reviewed the medicine's administration records for the people living at the service. These were completed correctly, and there were no unexplained errors or gaps.

The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Personal protective equipment (PPE) was available for staff, such as disposable gloves to use to help prevent the spread of infection. However, we found during both days of inspection, during lunch time, staff were observed not wearing PPE equipment when serving and collecting meals. This was reported to the registered manager who stated they would ensure that all staff wore the equipment provided.
- The home was clean and free of malodour throughout the duration of our inspection.

We recommend the provider ensures that staff always use personal protective equipment for the handling and distribution of food and drinks, to help prevent the spread of infection.

Staffing and recruitment

- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- People were supported by sufficient staff. There were four senior staff and eight care staff throughout the day. In addition to this the registered manager and administration staff were available should the need for additional support be required.
- The registered manager told us that staffing levels were dependent upon the needs of the people living in the home at the time. Staff spoken with felt there were enough staff in place to meet people's needs.
- One staff member told us, "We could do with more. More people to watch the residents. Making sure everyone is safe. To prevent incidents, but nothing bad has actually happened."

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities.
- People were supported by care workers 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, "I would go to manager firstly and report it to them, and if this needs raising higher, then they would give me the contact details to do so."
- People constantly told us throughout the inspection that they felt safe in the home. One person told us, "Yes I feel safe here, I know all of the girls they are nice."
- Staff and professionals unanimously told us that people were safe in the home.

Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed by the registered manager.
- The registered manager took the necessary action to implement the required learning identified from accidents and near misses through a monthly audit. The registered manager looked for trends, for example if somebody fell three times in a short period of time. It was seen that referrals had taken place to the falls team or occupational therapist, however updates to people's care plans hadn't always taken place.
- One staff member told us if a person had an accident, "We'd check over for immediate injuries. If someone can tell us we ask if they are in pain. If they banged their head - instant 999 to get checked over. If no major injuries, we support off the floor. We fill in incident reports and document on the electronic system."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed there was limited interaction between staff and people. We saw that staff members would take away people's plates without asking if they had finished. We also saw where one person's food had dropped on to the floor, the staff member did not ask the person if they wanted this replaced or an alternative meal.
- People selected their food for the day at the beginning of each morning. Picture cards of meals were reintroduced during the inspection to help people decide which cooked meal they wished to have or to help them identify the foods.
- We discussed this with the manager during the inspection, where they stated that the dining experience is an area they will focus upon to meet people's social needs.
- Care plans provided staff with information about suitable meals and where they have been assessed by the speech and language therapist with regards to the risk of choking.
- Staff encouraged people to remain hydrated by offering a selection of drinks throughout the day. People were offered healthy snacks as well as foods they enjoyed. People told us they could eat when they wanted, and meal times were flexible. People told us they enjoyed the food they were given.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's assessments and care plans were person-centred; however, they did not always consider all aspects of people's life history. This had been recognised by the registered manager who had arranged for people to complete this with staff members.
- The registered manager told us, an initial visit to the persons home or in hospital was undertaken, to look at their individual needs. Following this, the risks associated with people's individual care and support needs were assessed for areas such as mental capacity, medication and pressure sores.
- 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.
- People's care plans detailed the type of support that they required from staff. They had a 'Who am I section' that outlined the daily support they required. For example, one persons stated, "I wake up and I like to get up always assisted by one member of staff and then I sit in my own bedroom and wait for [person] to arise.
- People, relatives and professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection. One professional told us, "Yes I feel that the service takes on board when people have a pressure ulcer, and what

to do in order to maintain their skin integrity."

Staff support: induction, training, skills and experience

- The registered manager had an effective system to ensure that staff received appropriate training. The training matrix illustrated that staff had completed the provider mandatory training in a timely manner.
- The registered manager told us, staff had the opportunity to be trained to a national vocational qualification (NVQ) level 2, 3 and 4. During the inspection it was seen that an NVQ assessor was engaging with staff towards the qualification.
- The registered manager stated that staff received supervision four times a year. Staff confirmed they received supervision and felt that it was beneficial.
- Staff confirmed that they had received training to use the equipment in the home. One staff member told us, "I had moving and handling training, online and hands on, on how to use hoists and slide sheets."
- The service had a 'employee of the month' that was advertised within the home. The registered manager stated this was a decision made by the management team for staff who had shone in the previous month.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with professionals from health and social care to meet people's needs.
- Care plans contained evidence of appointments with health care professionals such as General Practitioners, district nurses and dietitians. During the inspection it was observed that a number of professionals were visiting people. One health care professional told us "We have a good rapport with the registered manager and directors, and we will go to them if there is ever any problems."
- One relative stated, "Oh yes, doctors will come out when needed."

Adapting service, design, decoration to meet people's needs

- The home had been adapted to accommodate people's changing health needs. Hand rails, wide corridors and doorways enabled mobility equipment to be used freely within the home. Furthermore, following feedback, new flooring had been installed downstairs to help stop trip hazards and an additional laundry to assist with the organisation and washing of people's clothing.
- People were involved in decisions about the décor of their rooms, which met their personal and cultural needs and preferences. People brought furnishings in that allowed personalisation of their rooms and communal areas.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can

authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations

- Staff knowledge was very good with clear examples being provided of how liberty may be deprived. The training matrix identified that each area was individually studied and covered as topics by the provider.
- We observed staff seeking consent from people using simple language and waiting for a response prior to assisting. If a person declined, this was respected, with staff approaching the person again after a while.
- There was a record for where best interest meeting had taken place for people that required this. However, information in these documents was limited and did not state who was present at these meetings.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff supporting people in a caring and compassionate manner.
- People and their relatives reported positive relationships with staff. One relative said, "Yes, I think they do, they draw the curtains and keep the door close."
- The service ensured that people's cultural, religious and sexual needs were met with dignity and equality. The registered manager provided an example of how the service supported people living at the service and helped them to understand the importance of accepting diversity. This had a significant positive affect on several people and their families respectively.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, were actively involved in decisions related to care and support. Where people were unable to make important decisions related to their care, the service ensured evidence was retained of any best interest decisions made.
- Care plans and risk assessments were reviewed regularly, which allowed people and their representatives, to make sure they accurately reflected their current needs and preferences.
- Staff told us that they got to know people well in the home and found out about hobbies and interests from care plans. One staff member told us, "For example [Person] likes her makeup, they like to go to bed and get up at a certain time. They have a niece that comes regularly."

Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respect and maintained their privacy.
- People's dignity was respected. On several occasions we observed staff discretely support people to maintain their personal dignity, where doors were shut in bathrooms and people's own rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and placed people's views and needs at the centre of the care provided. People received support that was individualised to their personal needs. People's care plans clearly highlighted background information and how they like to receive care.
- People and their families, where appropriate, were involved in the planning of care and support needs. Where lasting power of attorney for health and welfare was held by others, the service ensured they retained evidence to support why they were involved in decision making. Nevertheless, people retained choice for all elements of their care where possible. This was reinforced in each care plan, detailing the importance to never assume a person does not have capacity to make a decision or choice. We also observed this during interactions with people.
- Relatives informed us that people were supported how they wanted to be and were cared for in a responsive manner.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had ensured that people received information related to the service and their support in a format that they could understand. This included written information, use of pictures, and speaking with people on a one to one basis who have trouble with understanding written text. Care files had a communication section which highlighted people's preferred method of communication.

Supporting people to develop and maintain relationships to avoid social isolation

- People had access to individual and group activities and received support to follow their interests. The different events that were due to take place were advertised. For example, during the inspection people were seen making Christmas decorations
- People and their relatives were encouraged to engage in activities to ensure everyone felt welcome. The registered manager told us about their bonfire event they recently held, where people and their families and staff and their families were invited. They also stated that last Christmas a theatre production company came to the service and did a pantomime for people.
- The registered manager told us about other theme days the service had celebrated, which included, a Disney day, Halloween, Christmas jumper day and wear pink for McMillian cancer.
- The registered manager told us about one person whose relatives lived too far away to visit, so they setup

skype and facetime to enable them to keep contact.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would feel confident raising a concern or complaint with the management team and were certain any issues would be resolved but hadn't felt they needed too. One relative told us, "I'd just see the registered manager. [Person] would say something to one of them."
- Complaints were managed robustly and in a timely way by the registered manager. They ensured they learnt from concerns and complaints and used this as an opportunity to improve. The registered manager stated they had only received one complaint and that they had an 'open door' policy.
- Staff were able to explain the complaints procedure and were confident that any issues that had been identified and brought to management attention, had been resolved.

End of life care and support

- At the time of inspection, the service was supporting people with end of life care. However, there was limited evidence in people's files that the service had attempted to gain this information from people on how best they wish to be supported.
- One person was identified to be on the end of life care pathway. However, their end of life care plan did not detail their requirements.

We recommend that the provider seeks to reflect the preferred preferences in the design of people's care to ensure their needs are met.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- There was a clearly defined management structure within the service.
- The registered provider failed to ensure that people's care records were accurate and up to date. The registered person did not have an accurate understanding of risks associated with people. The inconsistent documentation meant that information was not reflective of people's needs, and this had not been appropriately picked up by the registered managers auditing system.
- For example, where people's needs had changed, this had not been updated in care plans and risk assessments. Where medicines audits had taken place, these had not identified errors that were found during inspection.
- Some processes were in place to ensure the quality of the service provided. This included a medicines audit. However, this audit had not been effective in finding the issues and risks that were found during our inspection.
- The registered manager did not have effective audit systems to monitor the use of personal protective equipment and to gain feedback from people on the dining experience.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

- All records were easily accessible and care plan documents had been signed. The registered manager had other systems in place for auditing. The audits included falls and accidents, bed rails, call bells, fire alarm, and water temperatures.
- Staff told us they felt supported by the registered manager. One staff member told us, "Definitely the best job I've had, and really easy to get on with. It feels like we are a family and even management are so polite. They get to know you as a person." A second member of staff told us, "I feel management is really good, if I have a problem, I will go to them."

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

- The registered manager and staff worked hard to ensure the culture within the home was person centred.

Staff worked hard to treat everyone as an individual ensuring their needs were met in their chosen way.

- People told us they received a high quality of care from staff. The provider gained regular feedback from people about their care and support on an annual basis.
- Assessments for people were thorough and documented their preferences, interests and needs.

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 provider had a policy in place relating to duty of candour. This detailed the importance of transparency when investigating something that goes wrong.
- The registered manager understood their Duty of Candour, to be open and honest when things went wrong, but had not recorded when they had informed the next of kin following an incident or accident.
- All relatives confirmed that the service was very responsive and did inform them immediately if an incident had occurred.

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

- Staff received training in relation to the Equality and Diversity Rights as part of their induction.
- People's and relative's views were listened to and acted upon. People and relative's feedback would be gained on a yearly basis. However, the management team had recognised steps they would need to take to get a better response from relatives.

Continuous learning and improving care

- There was evidence of continuous learning. We saw in staff meeting minutes and handovers that the registered manager had disseminated information down to staff following up dates to audit systems or people's care needs.
- The service continually assessed all accidents, incidents and falls to ensure they could implement measures to mitigate the potential of a similar occurrence.

Working in partnership with others

- The service worked well with external professionals. Advice was sought as and when required ensuring people's changing needs were met as soon as possible. For example, on the day of inspection we saw professionals coming to the home to meet people's medical needs through the day.
- The registered manager told us the service had close working relationships with district nurses, occupational therapists and GPs.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. The registered person failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.</p> |