Care Quality Commission

Sonic Gold Limited

The Chimes Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 28 April 2017.

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, 33 people used the service.

There was a registered manager in place. 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.

People had individual risk assessments in place to keep them safe, which included assessments for mobility, nutrition and medicines. Measures taken to minimise risk of harm included the provision of mobility aids and sensor mats to alert staff.

Staff knew what action they would take if they had any concerns and showed a good understanding of the different types of abuse. We found that there were systems in place to protect people who lived at the home by ensuring appropriate referrals were made and action taken to keep people safe.

We found home had appropriate recruitment procedures in place, which ensured staff were suitable to support people who used the service.

There were sufficient numbers of staff on duty to support people.

People had the support they needed to take their medicines safely. Competency checks to ensure the staff had the relevant skills and knowledge for safe administration were in place

Staff had the necessary skills and knowledge to meet people's needs.

The provider protected people's right under the Mental Capacity Act 2005. Staff were able to demonstrate that they had knowledge of the principles of the MCA and confirmed they had received training in the MCA.

Staff promoted peoples independence, dignity and respect.

People were involved in making decisions about their care and were listened to by staff and management about their needs.

People's health needs were monitored and changes were made to people's care in response to any changes in their needs.

People were stimulated in both group and individual activities. The provider routinely and actively listened to people to address any concerns or complaints.

The registered manager and the provider were approachable and supportive. There was an open and inclusive culture within the home.

There were systems in place to gain people's experiences and to continually monitor the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's risks were assessed and action was taken to minimise risks to them.

Staff understood how to recognise and report abuse.

People had the support they needed to take their medicines safely.

People were supported by sufficient staff to meet their needs.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge needed to meet people's individual needs.

People were supported to eat and drink enough to maintain their health and well-being .

Staff supported people to access healthcare services.

Is the service caring?

Good

The service was caring.

Staff adopted a caring and compassionate approach towards their work with people.

People were encouraged to make their own decisions about their care and support.

Staff treated people in a dignified and respectful manner.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and were quick to recognise and respond

to any changes in their needs.

People were stimulated in both group and individual activities.

There was a system in place to capture and respond to complaints and feedback.

Is the service well-led?

Good

The service was well-led.

There was an open and inclusive culture within the home.

People and staff felt that management were approachable and supportive.

There were systems in place to gain people's experiences and to continually monitor the quality of the service provided.

Care Quality Commission

The Chimes Residential 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 checked 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 28 April 2017 was unannounced. The inspection was carried out by two inspectors.

Before the inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for any information they had, which would aid our inspection. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

As part of the inspection, we spent time with people in the communal areas of the home. We spoke with the six people who used the service and five visiting relatives. We also spoke with three visiting health care professionals. Some people were unable to speak to us, so we used the Short Observational Framework for Inspections (SOFI) to help us understand their experiences of the support they received.

We reviewed a range of records about people's care and how the home was managed. These included four care records, five staff personnel files, five medication administration records (MAR), quality assurance audits and minutes from resident and staff meetings.

During the inspection we spoke with the provider, two deputy managers, two seniors, three members of care staff, the activities coordinator, two domestics and the kitchen assistant.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us that they or they family members were safe living at The Chimes Residential Home. One person said, "It is safe here, no one would hurt me." Another person told us, "I have no concerns about my safety." A third person said, "I feel very safe living here. During the night, staff will always come into your room to check on you." One relative told us that their family member was safe at the home, which gave them peace of mind. Another relative told us how staff were always checking on their family member to make sure they were safe. A third relative told us how they had seen their relative being moved on several occasions with the use of a hoist by staff. They described the staff as competent and safe.

Staff told us that following any incidents, accidents or near misses they would complete an accident recording form. These forms were then looked at by the management team to identify whether any further action was required to prevent further incidents. For example, one staff member told us, "Following three falls a person will be referred to the GP for a falls assessment. This will include a referral for an occupational therapist who would review the mobility equipment suitable for the person."

People had individual risk assessments in place to keep them safe, which included assessments for mobility, nutrition and medicines. Measures taken to minimise risk of harm included the provision of mobility aids and sensor mats to alert staff. This enabled staff to respond to people who could not effectively use the nurse call systems or were at risk of falls. We saw people moving around the home with the use of mobility aids. When people had forgotten or chosen not to use these aids, staff were seen to prompt their use to ensure people were mobilising safely. Staff were able to tell us the individual risks people faced, such as mobility and nutrition and the action required to minimise the potential for harm. We saw people had individual personal emergency evacuation plans in place. These included details of the assistance they would need at times of emergency. For example, what mobility equipment they would need to safely move through the building at times of an emergency.

Staff were able to describe confidently what action they would take if they had any concerns and showed a good understanding of the different types of abuse. We found that there were systems in place to protect people who lived at the home. This included ensuring appropriate referrals were made and action taken to keep people safe. The management team understood their responsibilities in reporting any potential concerns in line with local safeguarding procedures. One staff member told us, "If I saw or suspected something I would firstly remove the staff member from the situation and see that the person was OK. I would then report to the manager or CQC straight away." Staff confirmed they had received training on how to recognise and report concerns of abuse and ill-treatment. Another staff member said, "We have information in the policy file, which gives us the contact information on who and how to report concerns."

We found the home had appropriate recruitment procedures in place, which ensured staff were suitable to support people who used the service. Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. A DBS check is a legal requirement and is a criminal records check on a potential employee's background. The provider checked potential staff's previous employment history, their identity and obtained work and character references about them. These checks helped to ensure that

potential new staff were suitable and safe to work with people.

We found medicines were managed safely. One person told us, "I get my medicine for pain and I get it when I need it. No issues." Staff told us before they were allowed to assist people with their medicines they had to successfully complete safe handling of medicines training. One staff member said, "I first assisted with medicines to see how they were done. After I completed my training I was observed several times to make sure I was safe and competent." One visiting health care professional told us, they thought staff were on the ball when it came to medicine administration. They explained how staff had noticed that one set of medicines had been incorrectly dispensed. They had not given it to the person, but ensured it was changed so that the person received the right medicines.

We looked at what arrangements were in place for storing and administering people's medicines. We found all medicines were stored securely in secure trolleys within the medication room. We found Controlled Drugs were stored in line with guidance. Records supporting and evidencing the safe administration of medicines were complete and accurate. Competency checks to ensure the staff had the relevant skills and knowledge for safe administration were in place. We observed staff administering medicine to people. Medicines were given one at a time and people were encouraged to drink to assist swallowing.

During this inspection, we found there were sufficient numbers of staff on duty during our inspection to support people. People and their relatives told us, there were sufficient staff on duty to meet their needs. One relative told us, "Staffing levels seem to be ok, there is always enough staff on." Another relative told us, "Staffing never appears to be an issue, always staff about." A third relative said, "Staffing has improved, there is always enough staff on." We asked staff whether they had any concerns with staffing or the current staffing levels. One member of staff said, "The home feels it's getting there with the quality of staff. There is a good team approach. I haven't seen anything that gives me concerns about staffing levels." Another member of staff said, "No issues with staffing, it has its moments, but generally it is ok." A third member of staff told us staffing levels were good, there were occasional issues with sickness, but generally it was fine.

Good

Is the service effective?

Our findings

We saw people were supported by staff who had the skills and training to meet their needs. One staff member told us, "Since starting here I have been helped to cement my existing training and learning. I have completed a number of training sessions including health and safety and infection prevention and control. I am now being supported by [provider] to complete a higher qualification in health and social care." Another staff member said, "When I first started I shadowed another staff member for a week. This was so I could just stand back a little and see how people liked things doing and to get to know people. I then worked alongside other staff members until I felt confident." One member of staff told us the initial induction they received was exactly what they needed and tailored to their previous experience. They described it as detailed and good.

In addition to annual mandatory training, staff were also required to complete and meet the required standards of the Care Certificate. The Care Certificate is a nationally recognised training programme for care staff.

Staff told us they received regular one to one supervision and felt valued and supported by the management team and colleagues. One staff member said, "When I was working I received feedback on how I could do things differently. I was told how to remove and put on gloves to maximise infection prevention ." Another staff member told us, "I can go to anyone at any time to seek guidance on how to best do something. I did feel at one point I was not understanding someone fully or how to support them. I approached [staff member's name] and they reassured me and provided me with some guidance on how best to support some. This helped increase my confidence."

We saw staff members sharing information between themselves on the decisions people had made. This included where one person had decided to remain in bed for a little longer and requested their breakfast later. We later saw the kitchen staff delivering this person's breakfast at the time they preferred. We saw a visiting healthcare professional assessing peoples changing health needs. We saw staff members providing information that the healthcare professional needed in order to make an accurate assessment.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found people's mental capacity to make decisions had been assessed where needed and appropriate DoLS applications had been made. Care and support was provided in line with the recommendations within people's DoLS. Staff were able to

demonstrate that they had knowledge of the principles of the MCA and confirmed they had received training in the MCA.

DNACPRs (Do Not Attempt Cardiopulmonary Resuscitation) were in place and recorded professional and family discussions and decisions. Consultations with the person or if required their family was recorded together with the views of any involved healthcare professional. Those we saw followed current guidance.

We asked staff how they supported people who lacked capacity to make decisions. One staff member told us, "You have to believe that people can still make decisions for themselves. When they can't we have to look at how we can help them and ultimately support them to make the decision." We saw mental capacity assessment had been undertaken regarding specific decisions, which included personal care and taking medicines.

During our inspection, we checked to see how people's nutritional needs were met. One person said, "I'm on a special diet, they look after me as I can't have flour and bread. I do get a choice of food, even though my diet makes it difficult, but they are very good." One relative told us, "(Person's name) is eating and enjoying their food. Whilst in hospital they didn't eat well at all." We saw people choosing what they wanted to eat at a time that suited them. People were offered a choice of items for breakfast and could decide where they would like to eat. For example, they could eat in bed or in one of the dining rooms. People were asked what they would like for lunch, which was recorded and passed to the kitchen staff. We saw people make decisions outside of what was on the menu. For example, the lunch time options were fish and chips or burger and chips with soft options of fish and mashed potatoes. We saw people asking for, and subsequently receiving, sausage and chips, poached egg or cheese on toast. Diabetic options and gluten free alternatives were available to those who required them.

People's individual nutritional needs were assessed and planned for by the home's staff. We saw that nutritional risk assessments detailed any risks and the level of support required. We saw people's weights were recorded regularly. Staff members were responsive to changes in people's weights and dietary intake and made appropriate requests for additional professional support. One staff member told us, "If we notice a drop in one person's weight we will continue to monitor and prompt higher calorie foods. If they continue to lose weight we will refer to the GP for guidance." We saw food supplements had been prescribed where people had needed them. We saw staff members discussing one person's food intake. They were concerned that the person did not like one form of supplement. They suggested that they may like an alternative and approached the GP for a change in prescribed supplement for this person.

We found people received effective support to access a variety of health professionals to make sure they received treatment to meet their specific needs. Staff monitored people's health on a day-to-day basis, and people's health care needs were met promptly. One visiting health care professional told us that they visited the home every day and found staff very pro-active with regards to people's care needs. They were confident that staff followed any specific instructions they left. Another health care professional told us that they had no concerns about staff or the quality of care people received at the home. During our visit, we saw one person experience an episode of ill-health. They were supported immediately by a staff member who sat and reassured them. Later in the day we saw an visiting health care professional was undertaking an health assessment with this person to identify any changes in their health. We also saw details of GP visits, district nurse and opticians, who had attended the home to meet people's needs.

Good

Is the service caring?

Our findings

People told us they were well cared for at the home and staff were kind and compassionate. One person said, "The staff are all lovely and caring." Another person told us, "The staff are beautiful and kind." A third person said, "The staff are all very nice to me." One relative told us, "Staff are very helpful and we are made to feel welcome all the time." Another relative told us that their family member was well looked after and found staff nice and welcoming, and always offered a cup of tea.

We saw many spontaneous examples were people were treated with kindness and respect by staff supporting them. Staff took time to explain to people what they wanted to do when supporting them. We saw one person start to become upset and disorientated. A staff member completing a domestic task stopped what they were doing and went straight to this person to provide immediate support and reassurance. They used appropriate touch to reassure the person and talked with them to try and understand why the person was feeling anxious. The staff member spent time with the person chatting and reassuring them and eventually the person started to show signs of happiness and contentment. The staff member remained with them talking about what the person wanted. People were called by their preferred name and staff were able to demonstrate a good understanding of the people they supported, which included people's life histories and family members.

We saw people making decisions about what they wanted to eat, where they wanted to sit, and what activities they wanted to engage in. We saw staff members supporting people to make choices, who took the time to sit with them and explain options and encouraged their choice. For example. We saw one staff member sitting with one person and discuss what they would like for lunch.

We found staff promoted peoples dignity and respect. One person said, "I can have a shower whenever I want, and I'm never made to feel embarrassed, they are very good." Another person told us, "I will say everyone (staff) knocks on my door before coming in. They are excellent like that." We saw staff knocking and announcing themselves when entering people's rooms. We saw families and friends visiting throughout this inspection. When people arrived they were warmly greeted by staff and if they needed a private space, this was made available to them. Drinks were offered, and the visit was encouraged by staff to be an enjoyable social event for people.

As part of the inspection we checked to see how people's independence was promoted. One person said, "I'm very independent, but they always encourage me to do things, which I really value." We asked staff how they aimed to promote people's independence. One member of staff said, "I always encourage people to be as independent as possible. I will get them to wash themselves especially if I know they can. It's very important people lead independent lives."

People and relatives told us they were involved in making decisions about their care and were listened to by staff and management about their needs. They told us they had been involved in determining the care they needed and had been consulted and involved when changes were needed. One person said, "They (Staff) do listen to me and always ask me if anything is the matter. Yes I do feel very involved." One relative told us, The

staff will always speak to me if there is a problem and I do feel very involved in the care my relative receives."

Good

Is the service responsive?

Our findings

People told us the provider was responsive to their individual care and spiritual needs. One person told us, "I'm very religious. We had a church service last week. I loved it." One relative said, "I do feel genuinely listened to and I know they will respond to anything I ask." Another relative told us their family member had a number of needs, but the staff had managed to meet these requirements and support their relative very well.

People's care and support plans contained information that staff members needed to know to effectively support people living at the home. This information included what people liked and disliked. For example, (person's name) likes bingo but dislikes excessive noise. People's personal histories were limited, but contained enough information for staff to have an understanding of those they supported. The provider told us they were aware that some information was limited within care files regarding people's personal histories. To address this, they were introducing the 'My life book' for each person. People, together with their families, would be encouraged to complete this booklet, which would provide staff with a greater understanding of those they supported.

We saw revisions to people's care and support plans took place regularly or when there was an identified change. For example, following a recent fall of a person, their care plans and risk assessments had changed to reflect their changing needs. Staff had sought advice from an occupational therapist and additional mobility equipment had been provided. Instructions regarding the promotion and use of this equipment were recorded. The staff we spoke with were aware of these changes and knew the guidance and how to support the person. We saw this person using their mobility equipment safely and being supported by staff during our visit. Care and support plans were individual to the person and reviewed regularly with the person and their relatives.

During our inspection, we checked to see how people were supported with interests and social activities. People told us there was plenty to occupy and stimulate them at the home and spoke positively of the work undertaken by the activities coordinator. One person told us, "We have singers who come in, a vicar visits and we have plenty to do. It's very nice. We have been taken out and I have visited a local garden centre." Another person told us about their interest in craft work and how they were supported by the activities coordinator in being able to do this. One relative said, "I'm aware of activities taking place, there is always something happening."

During the morning, we saw the activities coordinator leading a group session, which involved reminiscing and discussion around 'historical characters and themes.' During the afternoon a further group session involved playing 'bingo.' People were offered a sherry or a drink of their choice before commencing the game. There was a lot of laughing and engagement, which involved the activities coordinator and other staff. Staff supported people to play the game and provided guidance when people required it.

We spoke to the activities coordinator about the support they received from the provider. They told us they felt fully supported by both the provider and registered manager. They had enough resources to undertake

activities and were never refused anything. If they needed anything for people's needs all they had to do was ask. They said they were also encouraged to take people out, but this was reliant on whether staff could provide them with support. The activities coordinator told us that part of their role was to visit each person daily before commencement of their activities responsibilities. This was to see how people were, whether they had a good night and whether they had any concerns or worries.

We found the provider routinely and actively listened to people to address any concerns or complaints. There was a complaints policy in place, which clearly explained the process people could follow if they were unhappy with aspects of the service. People told us that if they had any complaints or concerns they would speak directly to staff or the registered manager. Resident meetings were also undertaken to provide feed-back on the quality of services provided.

People told us they had completed a questionnaire and were generally satisfied with the quality of care provided. We looked at the analysis undertaken by the provider following the last circulation of questionnaires. Concerns were identified relating to the quality of the laundry service provided. As a result, the provider had implemented a new system. On every weekday shift, staff were required check the wardrobes of each person to make sure they only had their own items of clothing. The senior on the shift was then required to sign off this exercise as having been completed. At the time of our inspection, this new approach was still being assessed to determine its effectiveness.

Good

Is the service well-led?

Our findings

People and their relatives told us the home was well-managed. One person told us, "The home has improved vastly since it has been taken over by this provider." A relative said, "Staff know what they are doing and everything seems well-run by management." Another relative told us that the manager and providers were always about and often spoke to them. They were very pleased with the reception they had and that their relative had settled in quickly as a result.

During our inspection visit, the registered manager was unavailable, though we subsequently spoke to them about the inspection. Throughout our visit, we saw the provider engaging with people and staff. Staff told us they felt valued and appreciated by the provider and the registered manager, who was always available to provide advice and guidance. Staff told us their opinions mattered and that the home had a positive culture that was person centred and inclusive. Staff had a clear understanding of their role in supporting people. They told us they were encouraged to sit and engage with people as often as they could.

One staff member told us, "They (provider's names) are lovely. We can chat and approach them about anything at all. We are encouraged to share ideas and they are always keen to how to make things better. For example, I want to raise an idea about activities. I will do this at the next staff meeting and I know they will welcome the suggestion." Another staff member told us, "Team meeting are usually very quiet. The reason for this is because it really is an open door policy here. Why wait until the team meeting to make a suggestion when we all openly talk about things as part of our everyday working."

Staff understood how to raise a concern with the management team if they needed. One staff member said, "We have a whistleblowing policy in the policy file if we need it. However, we could just go straight to them and I have confidence that they will respond."

We saw the provider knew personally those who lived at the home. People were warmly greeted and the provider spent time chatting with people and visitors. When the provider recognised a change in a person's health, they spent time with them and directed support from other staff. They directed additional medical intervention for this person and stayed with them and their family until the person felt comfortable for them to leave.

The provider undertook a range of checks to monitor the quality service delivery. These included auditing of care files and medication records. Other checks included environmental issues such as call bells, fire alarms and mattresses. Staff performance and competence was monitored. Staff told us they had staff meetings in which they were encouraged to raise any concerns. Both people and their relatives were able to provide feed-back on the quality of services by the completion of questionnaires or by attendance at people's and relative's meetings. Where issues had been raised by family, these were addressed by the provider.

The provider had systems in place to address any unsafe or unacceptable staff behaviour. These included re-training or disciplinary processes to address poor performance or unacceptable behaviour.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had not received all the required notifications in a timely way from the service. We discussed this matter with the provider who were not fully aware of their responsibilities in this instance. They told us they would take immediate steps to address this omission.