As U Care Ltd

The Chimes

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

Overall summary

We inspected The Chimes on 20 March 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The Chimes provides care and support for a maximum of 20 older people. At the time of our visit there were 20 people who living at the home. The home is situated close to St Annes centre. The building is a corner property on three floors. Some rooms have an en suite facility. There is a lift access to the first and second floor. Car parking facilities are available at the side of the home and there is street parking outside the home. The service provider is registered to provide accommodation and personal care.

The service is required under its registration to have 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 and associated Regulations about how the service is run. There was no registered manager at the service at the time of our inspection, as a new manager had recently been appointed. This person was in the process of applying to the Care Quality Commission for registration.

Summary of findings

Staffing levels were determined according to people's individual needs, and there were enough staff available at the service. We saw that extra staff are provided where people's needs change and when they require extra support. People using the service were protected from abuse because the provider has taken steps to minimise the risk of abuse. Decisions relating to people's care are taken in consultation with people using the service, their next of kin and other healthcare professionals. This ensures their rights were protected.

Staff received training that was relevant when supporting the needs of people living at the home. Staff were supported through good links with local community healthcare professionals. This ensures people receive effective care and support relating to their healthcare and social care needs.

There was a relaxed atmosphere at the home. People told us they enjoy living there and their relatives told us that staff were supportive and approachable. People were able to take part in activities that they enjoy and receive support from the staff if required.

Staff members took into consideration the Mental Capacity Act (2005) for people who lacked capacity to make decisions. People's mental capacity was assessed and there was information available in the service for the staff that helped them support a person with fluctuating capacity.

We saw consistent approaches from staff with staff explaining to people before they undertook a care process, other staff gave the person information about the care and support they were in receipt of. Where people using the service lack capacity to understand or make certain decisions relating to their care and treatment, if appropriate, best interest meetings are held which involve family members, independent mental capacity advocates, and social workers.

The service and staff respected and involved people in the care they received. For example, all the care plans viewed showed the person's choices and personal preferences. The care planning process had involved the person or their relative when they were written and their views were reflected in the plans. People told us they had input into the menus or activities at the home and we saw that the choice of meals was varied.

We looked at the systems relating to medicines management and saw that the records relating to medicines were accurate and up to date. People were supported to receive the correct medicines at the right time. Staff working at the home received appropriate training in medication administration.

Staff were provided with effective support, induction, supervision, appraisal and training. The service had a system to manage and report accidents and incidents. When action plans were needed to monitor people's safety these were produced. The service had a quality assurance and, where appropriate, governance systems in place.

Summary of findings

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 safe.

People using the service and their relatives told us they felt safe living at the home and they had no concerns.

Staff were aware of what steps they would take to protect people. People were not restricted in any way, where risks had been identified, staff supported people to make informed choices.

Medicines were managed effectively. People were supported to get the right medicine at the right time.

Good

Is the service effective?
The service was effective.

Staff completed relevant training to enable them to care for people effectively. Staff were supervised regularly and felt well supported by their peers and the manager.

People were supported to maintain a balanced diet. Staff consulted with community healthcare professionals where people required a modified diet and extra support.

Policies and procedures were I place around the use of the Mental Capacity Act 2005.Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings would be held which involved family members, independent mental capacity advocates, and social workers.

Good

Is the service caring?
The service was caring.

We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service.

We saw that the staff supported people to take part in individualised activities that promoted their independence.

People were involved in decision making about how they wanted to spend their time and the places they wanted to visit.

Good

Is the service responsive?
The service was responsive.

People using the service led active social lives that were individual to their needs.

People had their individual needs assessed and consistently met.

Care plans were person centered and staff were aware of people's choices, likes and dislikes which meant that care was provided in a person centered way.

There was an open culture at the home and staff told us they would not hesitate to raise any concerns or complaints and felt that they would be dealt with appropriately.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

Audits were carried out at the home to monitor the service, these included health and safety audits. Incidents at the home were used as an opportunity for learning.

Reviews for people who lived at the care home had been carried out with health, social care professionals and family members. This showed the service worked in partnership with other agencies to make sure people's needs were monitored and met.

The Chimes

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

There was no registered manager at the service at the time of our inspection, as a new manager had recently been appointed. This person was in the process of applying to the Care Quality Commission for registration.

The inspection was led by the lead Adult Social Care inspector for the service. Before we visited the home we checked the information that we held about the service and the registered provider. Prior to this inspection we gathered information from a number of sources. This included notifications we had received from the provider about significant events that had occurred at the service.

During our inspection we observed how staff interacted with people who used the service. We reviewed the care records of three people, staff training and personnel records, and records relating to the management of the service such as audits, policies and procedures. We spoke with five people who used the service and one relative of a person who used the service. We also spoke to three staff members about their work and how the service supported them. We looked around the home including the communal areas and with permission of people living at the home, some of the bedrooms.

Good

Is the service safe?

Our findings

The feedback from people living at the home about safety was consistently positive. One person said, "I like it here, the staff look after me, care for me and help me to do lots of things." Another person said, " The staff are very good and make sure we are all kept safe." One relative that we spoke with said, " I think my relative is very safe here. The way things are run gives me peace of mind."

There were policies and procedures in place for the management of risks and staff understood and consistently followed them to protect people. Restrictions were minimised so that they felt safe but also had the freedom to move around the home if required. Risk assessments were found to be balanced and centred on the needs of the person. We found documentary evidence to show that the staff regularly reviewed the risk assessments. We found that the risk assessments of one person who smoked, were in the process of being updated to reflect their current situation and changing needs.

The Manager had made sure that systems were in place to protect people from avoidable harm and potential abuse. Policies and procedures relating to the safeguarding of vulnerable adults were found to available to people living and working in the home. We spoke to two members of staff, and they all had a very good and clear understanding of the different types of abuse, how to recognise abuse and how to respond to allegations or suspicions. We saw documentary evidence to show that staff had undertaken specific safeguarding training.

The staff told us that they saw their role as supporting people to make choices and decisions about their own life, and that restrictions were only placed on people if they were deemed incapable of making an informed decision. Risk assessments were found to be completed with the person if possible, and there were plans in places to show how the staff should respond to an emergency or untoward event.

Information held within the staff rota showed that there were always enough competent staff on duty who had the right mix of skills to ensure that practice was safe. The new Manager said that she would review the staffing levels from time to time and adapted them to meet people's changing needs as and when required. Recruitment systems were satisfactory and made sure that the right staff were recruited to keep people safe. Pre-employment checks had been carried out, and application forms completed, Disclosure and Barring (DBS) clearances, references and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

The processes for the safe and secure handling of medicines were found to be appropriate and in line with the relevant guidance and legislation. The service was found to have a clear process in place for the handling of controlled drugs. The Manager explained that the staff involved in medicines administration had received training in the safe administration of medicines, and information within the training records confirmed this. The processes in place to ensure a person's prescription were up to date and reviewed were found to be appropriate, and took into account their needs or changes to their condition or situation. Where appropriate, the service involved people in the regular review and risk assessment of their medicines. This was to support them to be as independent as possible. To protect people with a limited capacity to make decisions about their own care, we found documentary evidence to show that the service followed correct procedures when medicines needed to be prescribed and administered. We saw records to show that the staff assessed the risks with people who wished to manage their own medicines.

The premises and equipment used within it were seen to be well maintained, with supporting safety documentation available. Staff were seen to use equipment correctly.

Good

Is the service effective?

Our findings

People we spoke with told us, or indicated the staff that provided their service were caring and compassionate in carrying out their role. A visiting relative said that the staff they spoken with had been knowledgeable and professional in their approach.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the Manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw there were policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of MCA and DoLS. The staff we spoke with showed a good awareness of the code of practice and confirmed they had received training in these areas. Records held by the Manager confirmed this. Whilst none of the people living at the home were subject to a deprivation of liberty, the Manager explained that if people's needs changed best interests meetings would be convened and appropriate measures would be put in place to empower and protect individuals who lack capacity.

Staff received supervision from senior staff and appraisals were also undertaken to determine how the staff were progressing in their work, and to identify their training and development needs. The staff we spoke with showed that they were knowledgeable about the work they undertook. The staff told us that they had received training on subjects such as first aid, fire, health and safety and food hygiene. The subjects covered were found to be appropriate to the needs of the people at the home, and the effective operation of the home.

We found that people had access to a varied diet. The records showed that the service offered people a variety of foods in the right proportions. Staff had carried out routine nutritional screening with each person at the home, and they explained that if people either had problems eating or started to lose weight then they would be referred for a professional assessment and a care plan would be put into place.

The people we spoke with said that the experience of how they were supported in their healthcare was positive. The records showed that if people needed to access a healthcare professional such as a doctor, nurse, chiropodist or optician, then this was organised quickly and records of the outcome of these visits were made. The Manager explained that the people living at the home had varied healthcare needs. We found information to show that some people's healthcare needs had been assessed, and those at risk of health deterioration through weight loss or dehydration had been identified. Systems were found to be in place to monitor and manage these healthcare risks, and record keeping was both accurate and up to date.

The Manager explained that she had a rolling programme of maintenance for the home. The property was found to be in good order, and well maintained.

Good

Is the service caring?

Our findings

People living at the home said that they liked the staff. The staff were found to be approachable and had positive relationships with the people living at the home. People we spoke with told us they were happy with the care they received from the service. One person told us, “The staff are lovely. They (the staff) are very kind and considerate.” Another said, “ They notice if I’m not well and get the doctor when I need him.” Staff told us that there were no restrictions on who came to see people at the home, unless there was a valid reason to restrict a person’s access for safety reasons. They added that this would have been assessed and documented. One person said, “ You can have visitors whenever you want them, within reason of course.” One visiting relative we spoke with told us that they were happy with how staff approached people and interacted with their loved ones. No-one had any negative comments with regards to staff attitude or competence.

We observed that staff took the time to sit and chat with people about their lives, what was going on in the home. The atmosphere in the home was relaxed and staff used humour to assist people to feel at ease. One relative that we spoke with said that the staff really do make my (relative) feel special. Staff were seen to speak about the people living at the home in a positive and caring manner.

Care plans were kept securely, however staff could access them easily if required. We saw that people who were able to were involved in developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. People we spoke with confirmed they had been involved with the care planning process. People’s preferences regarding issues such as food, drink and social activities were clearly laid out within their care plan. There was also evidence to show that this information was regularly reviewed. Information was made available to staff which included areas such as dignity and respect, confidentiality and equality and diversity. We saw policies for each of these areas and that staff had signed to state they had read and understood them. All the staff we spoke with were knowledgeable and were able to give good examples of how privacy and dignity were maintained, for example when assisting with personal care.

People’s preferences were recorded and when we arrived at the home we saw that whilst most people were up and dressed some people were still in bed. We discussed this issue with those people who had not got out of bed until later and they conformed with us that this was their preference. We observed staff enquiring about people’s comfort and welfare throughout the visit and responding promptly if they required any assistance. People’s appearance was tidy and people looked well cared for.

Information contained the care files showed that the staff had considered people’s preferences and choices regarding end of life care. These had been clearly recorded, and we saw that the person themselves had been involved in the discussions, and planning arrangements.

Good

Is the service responsive?

Our findings

People living at the home were found to express themselves freely, and were happy to discuss their lives, activities and interests. Comments from people included, “We are able to talk about things that mean a lot to me.” And “The staff always seem interested in me and like to chat.”

Support staff were seen to promote choice through discussion and the provision of information so that people were informed. We found that people had their individual needs assessed and consistently met. We looked at the care records, and observed the ways in which people moved around the home. People were not restricted in any way. The care records held at the home showed that people’s needs had been assessed and that care plans had been put together with the person. The plans showed how people liked to be supported in ways that were individual to them. Care plans and risk assessments had been reviewed, and this process was undertaken each month or when people’s needs changed. People’s healthcare needs were monitored and discussed with the person, or their family or representative, as part of the care planning process.

The home had a complaints procedure, and the staff and relatives we spoke with were aware of this. If people at the home wanted to raise an issue they confirmed that they would approach the staff or the Manager. Advocacy services were available for people who found this difficult and the staff confirmed that support would be given to people to access these services.

The home had appropriate processes in place to ensure that when people were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services. Information held with people’s personal care records showed that liaison had taken place with other health professionals and a relative spoken with confirmed that they had been involved with the assessment process and had been kept informed at every stage. Staff at the home told us that confidential information was only shared about a person once it was established it was safe to do so. We observed this in practice when a staff member spoke to another professional over the telephone regarding a sensitive healthcare matter.

Good

Is the service well-led?

Our findings

One relative said, “There’s a great atmosphere in here. The staff are good at asking people how they liked to be cared for.”

The Manager explained that ethos of the service was to enable and support people to live in a homely environment that promoted their rights, individuality and choices. People living at the home were found to express themselves freely, and were happy to discuss their lives, activities and interests. Support staff were seen to promote choice through discussion and the provision of information so that people were informed. Information held within the records confirmed that people living there used community facilities such as cafes and shops, and other services. This enabled people to have a presence within the community.

The people we spoke with (service users, staff and relatives) all said that the Manager and management team, provided good leadership. Staff said that the Manager was knowledgeable, and that she was able to deal with issues in a positive manner as they arose.

The care and support systems in the home were based on current best practice. The home was organised and we found that there were clear lines of responsibility. There were good systems in place to monitor if tasks or care work did not take place. Partnership working with other agencies was planned, and was seen to be an important aspect of service provision.

Information held within the records confirmed that the provider had systems in place to monitor incidents at the home and implement learning from them. We saw that incidents such as falls or illness was recorded accurately in people’s files, and people’s care records and risk assessments had been updated following these incidents to ensure that the most up to date information was available to staff. Records showed that Manager regularly carried out health and safety audits for the home which covered fire safety, electrical checks, water temperature checks and clinical waste. Where faults had been identified, actions to rectify the fault were assigned to staff along with timescales so they could be addressed and monitored effectively. We saw clear and detailed policies and procedures were in place. The policies covered areas such as freedom of choice, storage, recording, supply and disposal of medicines and staff training and competence.

The commissioning team at the local authority confirmed that they had not received any complaints about the service. Information held within the records confirmed that there were regular reviews of care which enabled individual’s support needs to be monitored. We saw that recent reviews for people who lived at the care home had been carried out with health and social care professionals, family members and independent advocates. This showed the service worked in partnership with other agencies to make sure people’s needs were monitored and met. There had been no complaints about the service since the last inspection.

Staff said that communication throughout the service was good and they always felt able to make suggestions. Information held within the records confirmed that the staff had regular staff meetings to discuss the needs of the people living at the home, and the ways in which they would support people to take part in individual activities. People living at the home also took part in meetings to talk about activities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.