

As U Care Ltd

# The Chimes

## Inspection report

83 Park Road  
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Lancashire  
FY8 1PW

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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

### About the service

The Chimes is a residential care home in an adapted domestic property in St Annes, providing personal care to 19 people aged 65 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 20 people.

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

The service was safe. The provider had systems to protect people from the risk of abuse and improper treatment. Staff managed people's medicines well and kept the home clean and tidy. Staff managed risks well and had plans to follow in case of emergencies.

People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively, following good practice guidance. Staff supported people with their healthcare needs and worked well with external healthcare professionals. The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences. 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.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion. The service supported people to be independent and to regain life skills. We received very positive feedback about the caring approach of staff.

The service put people at the heart of the care they received. Staff used detailed assessments to identify people's needs and preferences and worked to ensure people were happy with the care they received. If people were not happy, they were confident they could speak with staff to make improvements. The service made sure people were supported to communicate and planned activities to enhance people's wellbeing.

The service was led by a registered manager and senior staff who everyone described as approachable, well-organised and caring. The culture at the service was open and inclusive. Senior staff understood their responsibilities and monitored the quality of the service using a range of systems. Where areas for improvement were identified, the registered manager involved people who used the service and staff to shape improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 18 July 2018).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Chimes

## 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

The inspection was carried out by one inspector.

#### Service and service type

The Chimes 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

We reviewed all the information we had received about the service and previous inspection reports. We spoke with the local authority to gain feedback about their experience of working with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care

provided. We spoke with four members of staff including the area manager, senior carers and the chef. We observed interactions between people who used the service and staff and looked around the building to make sure it was clean and safe. We also spoke with three professionals who were regularly involved in people's care.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervisions. We reviewed a variety of records related to the management of the service, including policies and procedures, maintenance records and checks on the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to corroborate evidence we had found and received information from the area manager about staff recruitment. We looked at staff training data.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Everyone we spoke with told us they felt safe. Comments included, "Never in three years have I seen any disrespect or anything of concern." And, "I feel safe. There are plenty of staff around and I can lock my door at night." The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.

Assessing risk, safety monitoring and management

- Risks to people's safety were managed well. Staff thoroughly assessed and regularly reviewed risks to people, to manage any risks and keep people safe from avoidable harm. Staff were familiar with people's individual risk management plans, which were contained within written plans of care.
- The provider ensured the environment and equipment were safe. We saw the premises were maintained. The registered manager ensured equipment was inspected and serviced when it needed to be and had plans to keep people safe in the event of an emergency.

Staffing and recruitment

- The service was staffed sufficiently. People and visiting relatives told us there were always enough staff on duty. One person told us, "There's always someone around. It's reassuring." Staff told us they felt there were enough staff deployed to meet people's needs and to keep them safe. One said, "There are enough of us to make sure people's needs are met. We sometimes feel stretched, but that's normal. We might leave the laundry for the next shift, people are our priority."
- The registered manager followed safe recruitment practices, but did not always keep all the records, as required by law. The registered manager checked the suitability of staff before they were employed. Staff we spoke with confirmed these checks had been carried out. However, when we looked at the information held in staff personnel files, not all the required information was available. The area manager provided us with information after our inspection visit to demonstrate the checks had been carried out before staff started work at the home.

We recommend the provider reviews their processes to ensure all the information required by law is held on staff personnel files.

Using medicines safely

- Medicines were managed safely. People told us they received their medicines when they should. One person told us, "The staff manage all my medicines well. I'm on a lot." Only staff who had been trained and had their competence assessed administered people's medicines. Where people were prescribed medicines

for use 'when required', staff produced written instructions and information about how and when these medicines could be given to people, to ensure they were used safely.

#### Preventing and controlling infection

- People were protected against the risk of infection. Staff had received training related to infection prevention and control and followed good practice in their work, including wearing personal protective equipment, such as disposable gloves and aprons, to help protect people. The home was clean and tidy, with ample hand washing facilities. One person told us, "It's always clean and tidy."

#### Learning lessons when things go wrong

- The registered manager used a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the registered manager reviewed on a regular basis to identify any trends, themes and areas for improvement. The registered manager shared any lessons learned with the staff team to reduce the risk of similar incidents happening again and improve the safety of the service.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs regularly and involved them in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person, those that knew them well and professionals involved in their care to create written plans of care for staff to follow. A visiting relative commented, "They did a very detailed assessment with the focus on [family member], even down to things like whether she wanted to wear make-up during the day." Staff we spoke with knew people's individual needs and preferences.
- The registered manager used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and protected their rights.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. People we spoke with, visiting relatives and external professionals all gave us positive feedback about how staff supported people. Comments we received included, "All the staff know what they're doing, 100%, all of them." And, "They're a nice bunch of people. I've never had the remotest concern about any of the care."
- Staff were well supported by senior staff and the registered manager. Staff told us they felt well supported through day to day contact, regular supervision and annual appraisals of their performance. Supervision sessions provided an opportunity for staff to discuss any concerns, issues, work performance and development with the registered manager. Comments from staff about the support they received included, "We're very well supported. We can approach [registered manager] or the seniors for support or assistance. Emotional support as well." And, "We all support each other. We look after each other's welfare. If any of us need to take five minutes, we can."

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

- Staff supported people to ensure they received a balanced diet and sufficient fluids. Staff assessed people's nutritional needs and sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. People were satisfied with the quality and variety of meals provided by the service. One person told us, "The salad for lunch was very nice." And a visiting relative said, "The food is very good. There's a menu so they get choices."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. We saw the service worked closely with services such as people's GPs, speech and language therapists and district nurses. Professionals we spoke with gave us positive feedback about how staff maintained contact and followed their advice to meet people's needs.

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

- The service was adapted to be safe, accessible, comfortable and homely. Corridors were wide enough to accommodate people who used a wheelchair and lift access was available on all floors. Communal areas provided space for people to relax and were homely in character. The provider ensured the premises were maintained. The registered manager had considered best practice guidance around environments for people living with dementia and provided some signage to help people to find bathroom and toilet facilities.

#### Supporting people to live healthier lives, access healthcare services and support

- The service supported people to live healthier lives with guidance around healthy eating, exercise provision and access to healthcare services. Healthcare professionals told us the service worked well with them and people's needs were met. They told us staff responded quickly and appropriately to ensure people received the right level of support.

#### 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).

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 had the appropriate legal authority and were being met.

- Staff assessed people's capacity to consent to and make decisions about their care. Where people lacked capacity, staff followed the MCA code of practice to ensure any decisions made on their behalf were in their best interests. Staff continued to offer people as much choice and control as possible over their care. The registered manager sought legal authorisation where people were subject to any restrictions for their safety.
- Where people had capacity, they had signed to say they consented to the care provided by the service.

# 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 remained good. 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

- People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences. People spoke very positively about staff who supported them. Comments included, "The staff attitude is really good...all really positive...you can tell they genuinely care", "Staff can't do enough for everybody" and, "The staff are wonderful."

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

- Staff involved people in decisions about their care and how the service was run and invited people to share their views. The registered manager used several methods to gain people's views including daily interaction, regular reviews of people's care, satisfaction questionnaires and resident's meetings. Where people made suggestions about potential improvements, the registered manager explored these and used them to develop the service. One person told us, "I'm continually asked for my opinion and whether I'm happy. The laundry was a bit of a problem, but that's sorted now." And another person said, "We had a questionnaire to ask for views and whether anything could be improved. I can't think of anything that could be improved."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. People and their relatives gave us positive feedback about the caring approach of staff. A relative told us, "There's a real focus on dignity. For example, [family member] has false teeth and didn't have them in at the last place, but staff always make sure she's wearing them. It makes a big difference to her." Staff respected people's right to privacy and ensured, when delivering personal care, for example, doors and curtains were closed and people were covered. One person told us, "The staff are all good. They always knock on my door. When it comes to care, they always make sure it's dignified."

- Staff promoted people's independence as far as possible. We found examples of where staff had supported people to regain life skills and confidence. This had enabled them to move on to more independent settings, such as sheltered accommodation. One healthcare professional we spoke with told us, "They do a lot of good work with people around mobility and supporting people to go back to independent living."

# 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 good. 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 received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs when they first moved into the home. Staff involved people and, where appropriate, others acting on their behalf, in regular reviews to ensure planned care continued to meet their needs. One person told us, "It's wonderful, the way they deal with everybody. They've even helped me to have a bath, which I've not had in years." This person explained they could only previously have a shower, due to mobility issues.

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 met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Staff described how they supported people to communicate. The area manager told us the service was currently reviewing how best to meet their obligations under AIS, in terms of sharing information with other services when necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with and supported to participate in some activities in order to help maintain their social health. We saw staff supported people with activities in the home, such as armchair exercises, board games, arts and crafts and trips out to local attractions. The area manager and senior carer told us further work was being carried out to explore people's individual interests and to arrange a trip out to the local zoo.
- People were supported to maintain relationships with those close to them. Staff supported people to call relatives on the telephone and relatives we spoke with told us there were no restrictions on when they were able to visit.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received no complaints since the last inspection. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.
- People knew how to make a complaint or raise concerns. People we spoke with, visiting relatives and staff all told us they would have no hesitation in speaking with the registered manager if they had a concern or

complaint. They were confident any issues would be resolved swiftly.

#### End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was not supporting anyone at the end of their life. We received feedback from one person whose husband had also lived at the home until he died. They spoke very highly of the care he received and said, "They supported him to attend hospital, he was never left on his own, the treatment here is fantastic."
- The service worked with people to plan end of life care. We saw documentation which confirmed discussions had taken place with people around their preferences for end of life care, including whether they wished to remain at the home, who they wanted to be in attendance and any cultural preferences. One person said, "The staff here know exactly what's in place is anything was to happen [to me]. I've had discussions with [senior carer] about exactly what I want." Some of the staff team had received training which enabled them to provide care to people at the end of their life to ensure they were comfortable and received the attention they needed.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had created a culture that was open, inclusive and put people at the heart of the service. Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. People we spoke with, relatives and staff all told us the registered manager and senior staff were approachable and available when they needed them. One person commented, "[Registered manager] is very nice." Another said, "[Registered manager] is so welcoming."
- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability. People spoke positively about how the service was managed and organised. One person said, "Can't speak highly enough of it. [Registered manager] is super. Communication is really good."
- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People and relatives were positive about the quality of service they received.

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

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings, and satisfaction questionnaires to gain feedback about the service. We saw various topics about the service were discussed in meetings where people were able to influence decision making about the premises, food provision and activities, for example.

Continuous learning and improving care

- The registered manager used a variety of method to assess, monitor and improve the quality of the service provided. We saw they used audits, feedback from people, their relatives, staff and healthcare professionals to identify areas for improvement. Where improvements could be made, the registered manager consulted people who used the service, so they were involved in shaping how the service developed.

### Working in partnership with others

- The service worked in partnership with a range of healthcare professionals and local schools. This helped to ensure people's needs continued to be met and their wellbeing enhanced. Healthcare professionals gave us very positive feedback about how the service worked with them to achieve good outcomes for people.