

The Chimneys Care Home

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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

The Chimneys Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Chimneys Care Home is located in the market town of Alford in Lincolnshire. The home provides residential care and support for up to 14 older people.

At our last inspection in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

This comprehensive inspection took place on the 5 November and was unannounced. There were 14 people living in the home at the time of this inspection.

At the time of our inspection there was an established registered manager in place who was also one of the registered providers of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

People continued to receive a safe service. Staff were recruited in a safe way and were provided with training to ensure they had the skills and knowledge to deliver safe care. Staffing levels were sufficient to safely meet the needs of the people living in the home. Medicines were administered and managed safely. The manager implemented processes and systems to manage risk. Accidents and incidents were monitored and where necessary, actions taken to prevent them from reoccurring.

People continued to receive an effective service. Staff were provided with regular training to ensure that they could meet the needs of the people living in the home. This was regularly refreshed and updated. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Food and drink at the home was good quality and plentiful. The home worked together with a range of health and social care professionals to ensure that people's health and wellbeing were well maintained.

People continued to receive a responsive service. Systems were in place to ensure that people were involved in planning and reviewing their own care and support needs and they were supported by person centred staff who understood their needs and wishes. Concerns were acted upon before they became complaints. Training was provided to staff to ensure that they could support people with end of life care.

People continued to receive a caring service. The atmosphere in the home was inviting and friendly. Staff demonstrated that they had the right balance between being friendly and professional and treated people with respect and kindness. People living in the home were provided with regular opportunities to express their views which were listened to and acted upon. People's privacy and dignity was respected and promoted.

People continued to receive a well-led service. The registered manager fostered an inclusive team culture, led by example and was visible to the staff and the people living in the home. The provider and registered manager implemented high standards of quality assurance, governance and audit systems, which were used to ensure that shortfalls were identified and improved.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

The Chimneys Care 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 was planned to check 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 5 November 2018 and was unannounced and the inspection team consisted of two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require the provider to send us in advance of our inspection to tell us about what the service is doing well and what improvements they plan to make. We use this information to assist us with the planning of the inspection and take the information on it into account when we make our judgements in this report.

We looked at other information we held about the service. This included information from notifications the provider sent to us. A notification is information about important events, which the provider is required to send us by law, such as incidents or allegations of harm.

Prior to our inspection we contacted the local authority commissioners to ask them about their views of the service. These views helped us to plan our inspection.

On the 5 November 2018 we spoke with nine people living in the home, the registered manager, four staff including the cook and activities coordinator. Following the inspection visit we spoke with two relatives of people living at the home. We looked at care documentation for four people using the service and their medicines administration records. We also looked at three staff files, staff training and supervision planning records along with other documents relating to the management of the service. These included records associated with audits and quality assurance, staff duty rotas and policies and procedures relating to medicines, safeguarding, complaints and supervision.

Is the service safe?

Our findings

People were supported and cared for by staff who understood how to keep people safe from abuse and were appropriately trained in this area. Staff knew the action they should take if they suspected or witnessed abuse. A person told us, "Safety is spot on here, I feel safe all of time." The provider had a clear safeguarding policy which referenced the local authorities process for reporting abuse, who to contact and how to contact them.

Risk assessments were undertaken where hazards had been identified. The assessments contained clear information about the risk and what actions should be taken to mitigate them. The manager conducted a falls risk assessment for every person living in the home every month to ensure that people remained safe and the risk of injury was reduced. Records showed that fire risk assessments were undertaken by the local fire service and that each person living in the home had their own personal evacuation procedure in place. We asked a staff member if they thought the home was safe, they said, "Definitely, this is one of the best [care homes] I have worked in."

The provider continued to have a recruitment procedure in place. New staff were all subject to pre-employment checks to ensure that people were suitable for the role and were safe to work with vulnerable people. The manager had a staffing tool which considered the number of people living in the home and their care needs to identify how many staff were needed to care for people safely. During our visit we saw that staff responded promptly to requests for help. We reviewed previous staff rosters and saw that the manager had consistently ensured that staffing levels were sufficient to meet the needs of the people living at the home.

People's medicines continued to be administered and managed safely. Medicines were administered to people by appropriately trained staff. People were given the choice to have their medicines managed by the home or by themselves. The provider did not have individual guidance for people who needed medicine on an "as needed" basis. However, people living in the home could request medicine such as paracetamol as they needed it. We spoke to the manager about this and the relevant process for people who use medicines on an "as needed" basis was immediately implemented. Stocks of medicines were well managed so that they were available when people needed them and were stored in line with national guidance.

We saw during the visit that the home was immaculately clean. Personal protective equipment for staff were in plentiful supply. Staff had received training in infection control and food hygiene. The manager ensured that monthly audits of cleanliness were undertaken in the home and that shortfalls found were addressed swiftly. A relative of a person told us that the Chimneys was, "Very clean" and "Always has a homely smell of cooking, never an unpleasant odour."

The provider had good systems in place to report accidents and incidents in the home. A staff member told us about an incident relating to medicines. Following the incident, they had a meeting with the manager to talk about what had happened and what lessons could be learned. They also described to us how the manager arranged for further training and undertook an observation to ensure that they were confident

administering medicines in the future. We saw that this incident had been recorded on the monthly audit of medicines.

Is the service effective?

Our findings

A relative told us that they visited The Chimneys initially to see if it would be a suitable place for their relative to live. They told us, "I went to visit my [relative] in hospital the following afternoon and was told by the nurse on the ward that they [the registered manager and deputy manager] had visited to do an assessment that morning. I was amazed. They [the registered manager] called me the following day and told me that my [relative] could move in to the Chimneys that week. It was all done so smoothly and professionally. I just can't fault them, even in a small way."

The registered manager planned and scheduled comprehensive training for the staff team. Training topics included equality and diversity, mental capacity and deprivation of liberty, food hygiene, health and safety and first aid. Training was provided for 'needs specific' training such as diabetes or epilepsy. One staff member told us, "I am currently in my induction period and have 18 mandatory training courses to complete. In my first week I was given the opportunity to shadow a more experienced staff member until I felt confident enough to work on my own". One staff member was currently undertaking a nationally recognised qualification at level five in leadership and management so that they could deputise for the registered manager in their absence.

People were happy with the quality of food provided. A person told us, "There is so much food here, I am never hungry." During our visit people were offered a mid-morning snack consisting of fruit and cheese. People told us that they could choose what they wanted to eat in advance. People told us that a regular monthly meeting took place for people living at the home and this is when they talked about the food they would like. A person told us "We have fish and chips on a Saturday, I love it." Another person said, "We enjoy our roast on a Sunday." The home employed a cook who told us about the quality of food on offer. They said, "We try and source fresh local food from local sources, we use a local greengrocer who delivers to the home. We are so lucky; the owner allows me to buy what people want and I don't have budget to stick to." Each person had a food profile, showing what foods they liked and didn't like. Information about people's allergies and whether people needed soft, textured or blended foods were recorded to reduce the risks to people's health.

The provider has fostered strong relationships with health and social care professionals in the local area. We saw evidence of collaborative working with the local GP, community nurses and the over 75's nurse. A person told us, "If you feel ill, they always have time to talk to you, they will call the doctor or the nurse straight away."

Records showed that people were supported to access healthcare professionals such as doctors, nurses, dentists, chiropodists, physiotherapy and occupational therapy. People at increased risk from conditions such as diabetes had clear information written into their care plans so that staff were fully aware of their condition and understood how to support them in the most effective way. We saw that food was prepared for people with diabetes following up to date NHS guidance and best practice.

The accommodation was adapted and decorated to a high standard. Bedrooms were spacious. Twelve

rooms had an en-suite. The owner of the home described plans to make best use of additional space and put en-suite facilities in the two rooms that did not have it currently. Underfloor heating was fitted throughout the home eliminating the need for radiators and reducing risk of scalding. We saw that measures had been taken to fit an additional emergency boiler to ensure that hot water and heating would always be provided to people. We saw that people could personalise their rooms. A person told us, "It is a home from home here." The registered manager told us that people were free to choose their own colour scheme and were encouraged to provide their views and opinions on how the home should be decorated.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and be 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.

People were supported to make decisions about their care and staff supported people when required. No person using the service was being deprived of their liberty. Policies and procedures as well as staff training on the MCA would help identify any person who may need advocacy or care in their best interests. People's mental capacity and ability to make decisions was respected by staff who understood the principles of the MCA. People were continually offered choices in all areas of their care and wellbeing. Where required, legal authorisations had been obtained for people's relatives to act on their behalf.

Is the service caring?

Our findings

People's care was delivered in a compassionate and empathetic way. Staff took account of the way people liked to be cared for. One person told us, "The staff are very respectful and kind when they talk to me." Another person told us, "The thing I like best here is the friendliness, they are so kind to us." We saw that staff interaction with the people living in the home was warm and convivial. They understood the principals of person centred care and could describe how this was embodied in their work daily. One staff member told us, "Mornings are busy and we have a lot to do, but we always have time to chat to people if they want to."

Another relative told us, "Recently [my relative] was admitted to hospital, the staff are so caring and were so concerned about [my relative] that two of them arranged to go and visit him in hospital. They even took me with them, nothing is too much trouble, they are just brilliant."

We were told by a relative that their loved one had recently moved into the home following a stay in the local hospital. They told us that soon afterwards their relative needed a piece of specialised equipment to reduce their isolation and increase their wellbeing. The relative told us that the equipment was very expensive which had caused them worry. They told us, "I got a call from [the registered manager] asking if I had the time to come over to the Chimneys, because she'd found the equipment I needed in a neighbouring town. They [registered manager] even drove me to go and have a look at it, they are just amazing."

People were encouraged to express their views openly. During the visit a meeting was being held for the people living in the home to share their views of the care they received. The activities officer was chairing the meeting. They told us, "We have a meeting every month to talk about the things that matter to the people living here. The manager used to chair the meeting, but I do it now, we thought that it might encourage people to speak out more." In addition, people were involved in planning and reviewing their own care. A relative told us that they, "Have nothing but praise for the care [my relative] receives, myself and the rest of the family are always made to feel welcome and that is important [to my relative]." The relative also told us, "If (my relative) has a problem it is dealt with straight away, never left, she now looks upon the Chimneys as her home."

People's rights to privacy dignity and independence were promoted by staff who understood how to achieve this. One staff member explained to us how they would ensure that doors were closed and curtains were drawn when providing personal care. One staff member told us, "We always make sure we follow their care plans and make sure they do as much for themselves as they can." Staff told us how they would always ask the person what support they wanted and talk them through the care that they were about to provide.

We were told by one relative that it had been their dream to go out for a drive together in so that they could visit the places they once liked to go together and perhaps visit their home one day. We were told that the person's health had deteriorated before they moved into the home and that they no longer had the mobility to get into a vehicle. The relative told us, "About three or four weeks ago, they [registered manager and deputy manager] told me that they had a secret. I didn't know it, but they had been helping [my relative] to stand up using a rotunda. It had been so successful that they [my relative] were able to get into my car and

we are able to go out for a drive and visit places we haven't seen for a long time. When we arrived back at the Chimneys, the staff had lunch ready for [my relative] and for me as well, they are just so, so thoughtful in every way."

Is the service responsive?

Our findings

The registered manager described how people were assessed before they move into the home. People were often referred by other local services such as the local GP, district nurse or the local authority team. The manager described how they or the deputy manager would undertake a full and detailed assessment of the person's needs, taking into consideration many aspects of their life. The provider used a structured system for the assessment which fed into the care plan which was developed when the person moved into the home. The care plans we saw were specific about people's needs and contained good detail about the person's likes and dislikes. People had been involved in the planning and review of their own care.

People told us about the activities that they were involved in regularly in the home. One person told us, "A lady comes in and takes us out in our wheelchair, just down the road, but it's nice to get a bit of fresh air." Other people told us that they like to play dominoes, board games and indoor bowls. One person told us about a singing duo who came into the home recently for a singing session. Staff told us, "It went down really well, they played songs from the 40's 50's and 60's. They [people living in the home] really enjoyed the Cliff Richard songs." The home employed an activities officer who described how activities were chosen. They told us that the residents' meetings were used to gauge people's appetite for new activities and that this was sometimes trial and error. The activities officer told us that people they preferred activities that they were familiar with. Although the singing duo were a hit and would be returning very soon for another session. We were told that some people had a regular visit from the local church so that they could maintain their religious beliefs. Recently the home had introduced a PAT dog. A PAT dog is a dog that has been specially trained to provide affection and comfort to people in settings such as residential homes and hospitals. The dog now visits every Thursday and has been a success.

When we visited the home, no person was at the end stage of their life. However, policies and procedures were based on national guidance were in place to support staff when needed. The registered manager told us that they had worked with people to identify their wishes at the end of their lives and these were recorded in advance decisions in place. This ensured staff knew and could provide the care people needed at this important time of their lives. If the need arose we were assured that relevant support would be provided from health professionals and that people would be supported to have as comfortable and pain free death as possible.

The home had not received any complaints in the 12 months prior to our inspection visit. This was down to the culture within the staff team and their responsive approach to resolve low level issues quickly and avoid them developing into formal complaints. We asked people about how they would complain if they were unhappy. One person told us, "If we have any grumbles about things we tell staff and they take it to the boss." Another person told us, "They [staff] always try to get things done and do their best, they are very helpful. If it is possible to do it, they do it." We saw that the home had a service improvement policy which described how to make best use of feedback from people who use the service.

Is the service well-led?

Our findings

At the time of our inspection a registered manager was in post. 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.

The registered manager embodied openness and positivity, leading by example and being visible and accessible to the staff team. During the visit, we observed the registered manager demonstrate calmness and professionalism while resolving an emergency. We also witnessed calmness and empathy from the staff team when they were comforting a distressed relative. We were told by staff that they were well supported and felt valued. One staff member told us, "[The registered manager] is the best boss I've ever had, I get lots of support." We were told by one staff member that they were currently undertaking a nationally recognised qualification at level five so that they could deputise for the manager in their absence. The registered manager told us, "I have real confidence in [staff member] to look after things when I'm not around." The provider had a clear strategy to deliver high quality care, the registered manager told us, "I expect them [the staff] to treat every person living in the home as if they were one of my family members." This was corroborated by one of the staff at the home who told us that the manager had noted they had been frequently using terms of endearment rather than names to address the people living in the home. They told us, "I never thought about it before, but after speaking to [the registered manager] I realised how important it is to use people's names, it shows that I know them."

The provider had ensured that effective governance, audit and quality assurance systems were in place. We saw evidence of a wide range of regular monthly audits which were undertaken by the registered manager. These included; infection control, medicines, nutrition and hydration and falls. We saw that the provider was using these to drive improvement and quality in the home and addressing issues and shortfalls regularly. The registered manager's visible style of leadership ensured that spot checking of staff performance was a regular occurrence. We saw evidence that the manager assessed the competence of the staff regularly in areas such as medicines, moving and handling, blood pressure checks temperature checks and blood glucose checks.

The provider undertook a quality assurance survey with people living in the home and their relatives every six months. People and their relatives knew the provider and the manager well. One person told us, "If we tell [the registered manager] anything they respond immediately." Another person said, "[The registered manager] is one of us."

The registered manager told us that they regularly attend forums and learning provided by the local care association. The manager told us how this had helped them keep abreast of current developments in the field of care and has positively influenced the practice of the staff team. The local authority funded care for some of the people living in the home. Prior to the visit they told us that they had no concerns about the home.