

The Chimneys Care Home

The Chimneys Care Home

Inspection report

1 Station Road
Alford
Lincolnshire
LN13 9HY

Tel: 01507462789

Date of inspection visit:
11 May 2016

Date of publication:
20 June 2016

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 located in the market town of Alford in Lincolnshire. The home provides residential care and support for up to 14 older people.

We inspected the home on 11 May 2016. The inspection was unannounced. There were 12 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were safe living in the home and they were cared for by staff in a dignified manner. Their rights to privacy and expressing their views and opinions were respected and supported. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. At the time of this inspection the registered manager had confirmed none of the people living in the home needed to have a DoLS authorisation in place. However, they knew how to make an application for DoLS authorisations at any time if this became necessary.

Staff had received training, which was regularly updated in order to enable staff to provide care in a way which ensured people's individual and changing needs were met. Staff knew how to manage any identified risks and provided the care needed as described in each person's care record. The care provided by staff at the home was supported through staff having access to a range of visiting health and social care professionals when people required both routine and more specialist help. Clear arrangements were also in place for ordering, storing, administering and disposing of people's unused medicines.

There was a warm and welcoming atmosphere in the home and staff worked closely with people and their families to ensure each person was supported to maintain their individual interests and to have a meaningful and enjoyable life. In addition staff provided a varied programme of communal activities for those who wished to participate in them.

People were provided with a good choice of nutritious meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink to keep them healthy.

The registered manager ran the home in an open and inclusive way and encouraged people, their relatives and staff to speak out if they had any concerns. The provider and registered manager listened and took action to resolve any issues or concerns identified. More formal systems were also in place for handling and

resolving formal complaints.

The provider and registered manager worked together as a team in order to regularly assess and monitor the quality of all the services provided. This approach ensured that any shortfalls in quality would be quickly identified and actions take to keep developing the services people received.

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.

Staff knew how to keep people safe from harm and knew the correct procedures to follow if they thought someone was at risk.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Is the service effective?

Good ●

The service was effective.

Staff had a good knowledge of each person and received on-going training and development so they had the right level of skills and knowledge to provide effective care to people.

Staff ensured care was provided in ways which respected people's rights and people were helped to make decisions for themselves

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

Is the service caring?

Good ●

The service was caring.

Care and support was provided for people in a warm, friendly and patient way which took account of each person's personal needs and preferences.

People were treated with respect and their diverse needs were met. Their choices and preferences about the way they wanted to live and how care was provided were respected and their dignity maintained.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about their needs and wishes and staff provided people with the care they needed.

There was a range of meaningful activities available to all of the people who lived at the home and people were supported to pursue and maintain their interests and hobbies.

People were able to raise any concerns or about the home and the provider had clear policies and processes in place to address any formal complaints raised with them.

Is the service well-led?

Good ●

The service was well-led.

The provider had a range of quality checks in place which ensured that people received all of the care they needed.

People, their relatives, staff and visiting professionals had been invited to contribute to the development of the service.

The provider and registered manager demonstrated good leadership, promoted good team working and had developed an open culture based on clear communication and continuous improvement.

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 was 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.

We inspected The Chimneys Care Home on 11 May 2016. The inspection was unannounced and the inspection team consisted of a single inspector.

Before we undertook our inspection visit, we looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about. We also reviewed information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered provider.

The registered provider also completed a Provider Information Return (PIR) and submitted this to us in advance of our inspection. This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR to us and we took the information it contained into account when we made our judgements in this report.

During our inspection we spoke with twelve people who lived at the home and one relative who visited. We also spoke with the registered manager, one of the registered providers, two care staff, the home's activity co-ordinator, the housekeeping staff member and the cook.

We spent some of our time observing how staff provided care for people. In order to do this we used the Short Observational Framework for Inspection (SOFI). This was to help us better understand people's experiences of care.

We also reviewed the information available in two care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs.

Other information we looked at as part of our inspection included; two staff recruitment files, staff duty

rotas, staff training and supervision arrangements and information and records about the activities provided. We also looked at the process the provider and the registered manager had in place for continually assessing and monitoring the quality of the services provided at the home.

Is the service safe?

Our findings

People said they felt safe living at the home. One person told us, "I feel from a safety aspect everything is more than covered and I feel very safe." Another person said, "I know where the staff are and they know where I am. I like to move around at my own pace. Too quick and I can fall. The staff make sure I am safe and remind me when I am up and about. They keep me safe."

Staff we spoke with described the actions they undertook to keep people safe. For example staff said they ensured communal areas of the home were free from any trip hazards and described how they applied any moving and handling techniques needed to help people move safely. We observed staff helping people to move as independently as they wished to and use equipment such as wheelchairs and walking aids when people needed additional assistance to move safely. Staff also said and we saw they took action to give people assistance quickly when they were called to help them in their rooms.

Care records contained up to date information to support staff to provide safe care. For example, we saw people had records to show if they needed support to move in their room or to turn in bed to reduce the risk of them becoming sore. Staff told us and we saw the records were easy to follow to show any changes needed and subsequent action taken. For example. One person had experienced a fall while dressing themselves had been supported to try different ways of doing this in order to maintain their independence whilst at the same time keep them safe.

The registered manager showed us information which confirmed a local fire officer had undertaken fire safety assessment checks on 29 February 2016 and that the home had safe systems in place to keep people safe in the event of a fire. The provider also had a business continuity plan in place which was up to date. It provided guidance for staff on what to do if the building became unsafe or unusable.

Staff demonstrated a clear understanding of the provider's safeguarding policy and procedure and how they would follow these if they identified any concerns related to the safety of people. The registered manager showed us records and staff confirmed that they had received training and appropriate updates training about how to keep people safe from harm. Staff were clear about who they needed to report any concerns to. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). Staff said they were also confident that if required, any concerns or allegations would be investigated fully by the registered manager and provider.

The registered manager had safe systems in place in order to recruit new staff. We looked at the staff recruitment information for two staff members. Security checks had also been carried out to ensure that the service had employed people who were suitable to work with the people living in the home. The checks also included confirmation of the applicant's identity, previous employment and references.

People and staff we spoke with told us that they felt there were enough staff on duty to meet people's support needs both during the day and at night time. One person told us, "The staff are calm and their approach is never hurried. I never have to wait for attention. I call and it's there." We observed staff worked

together well and had the time to speak with people and to notice and respond when people called for help or assistance.

The registered manager told us they had an established staff team and had systems in place to enable them to maintain and when needed increase staffing levels at any time to meet any new needs that had been identified. For example, staff rotas we looked at showed the registered manager had established how many staff needed to be on duty for each shift and that this had been decided by assessing the level of care each person needed. The rotas were planned five weeks in advance and those we looked at showed the registered manager had considered the mix of skills and experience required for each shift so staff could work in safe ways to support people and each other. This advanced planning of shifts and rotas by the registered manager had ensured any changes in staff at short notice had been covered from within the staff team. The registered manager told us they had never needed to use agency staff and staff we spoke with confirmed the approach they took as a team maintained staff at the levels needed.

Staff told us, and records confirmed, the staff who had the responsibility to help people take their medication had received training to make sure they did this safely. The registered manager showed us how they ordered, recorded, stored and disposed of medicines. This was in line with national guidance and included medicines which required special control measures for storage and recording. People's care records showed how and when they were supported to take their prescribed medicines. Staff carried out medicines administration in line with good practice and the registered manager carried out regular audit checks to identify and address any issues related to the processes in place. This meant that people's individual medicines were always available for them when needed and were managed in a consistent way.

Records showed that there had been three occasions in the 12 months preceding our inspection when a medicine had not been correctly dispensed by a member of staff. Although the events had not resulted in people experiencing direct harm, the registered manager had recognised the need to take positive steps to help prevent the mistake from happening again. These measures included providing additional training for the member of staff concerned and observing their practice to confirm that they had all of the knowledge and skills they needed.

Is the service effective?

Our findings

People and relatives we spoke with told us they felt the staff team had the experience and the right amount of skills to provide the care and support they needed. One person said, "They do a good job very well. I always feel like they are there to help me do the things I can't now do." Another person commented that, "They made sure I went to hospital when I needed to go and that I got home here safely."

Any new care needs identified had been reviewed and the care records showed actions taken to respond to any increase or decrease in the support given. For example, when people needed to be cared for in bed any changes to the specific timings for support to be provided had been updated in order to manage those changes. One person told us how they had been part of a review of their care and had made the decision to have a rail fitted by their bed so they could help themselves to mobilise better. When it had been needed records showed when people had been seen by healthcare professionals such as local doctors, community nurses, dentists and opticians. The registered manager said us they had developed good working relationships with external health and social care professionals and that communication between them was good.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of the legal requirements of the MCA and demonstrated their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about the processes for making decisions in people's best interest and how they should also support people who were able to make their own decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training and demonstrated their understanding of DoLS guidelines. The registered manager confirmed at the time of this inspection none of the people living in the home had needed to have a DoLS authorisation in place. However, they knew how to make an application for DoLS authorisations at any time if this became necessary.

Staff told us they received an induction when they started to work at the home. The induction included shadowing more experienced care staff and time to read and understand the policies and procedures for the home. The registered manager confirmed they were in the process of introducing the new national Care Certificate as part of the induction process for new staff and that one new staff member was due to start the process soon. The Care Certificate sets out the key common induction standards for social care staff. The registered manager and staff we spoke with also told us they had all obtained or were working toward achieving nationally recognised vocational care qualifications.

Information was available about the training staff had received and the future training the registered

manager had planned for staff. The training records showed staff skills were reviewed regularly and developed in line with the needs of the people who lived at the home. We observed staff applying their skills in the right way when they did things like helping people with their personal hygiene needs and to move around. We also saw that established staff had the skills to support people who experienced memory loss associated with conditions such as dementia. In order to ensure all staff were able to use the training to develop their skills further the registered manager confirmed dementia awareness training has been booked in for the 11th July 2016.

Staff said that they were well supported by the registered manager and deputy manager. They told us they received regular supervision sessions which gave them the opportunity to discuss their day to day work role and any personal issues. Supervision records were signed by staff to confirm they had read and understood what had been discussed. The registered manager showed us and staff said they also used the sessions to identify and agree any additional training or development needs for each staff member.

People told us they had access to the foods and drinks they had chosen whenever they wanted them and that they enjoyed the range of food that was available to them. When we spoke with five people together in a communal part of the home one person said, "The food here is excellent. We can't fault it." Another person said, "The food is all bought locally and it's always fresh."

People also said they had time to think about what they wanted because staff asked them in advance about their choice of meal. When people changed their mind about the meal they had previously asked for their decision was respected and the meal option was changed. One person asked if they could have salmon sandwiches for their tea and the cook said they would ensure their choice was respected. The person said, "I'm really looking forward to it. I love salmon."

We spoke with the cook who demonstrated a clear understanding of people's individual nutritional needs. Records held by the cook contained photographs of each person and information anyone working in the kitchen would need for guidance on people's preferences and nutritional needs. The cook showed us they also kept a handover book for all catering staff to look at showing the drinks and snacks people preferred and any changes in the choices made by people. The records confirmed the staff catered for a range of individual tastes and varied menus had been developed through asking people about their preferred meals. For example, one person was a vegetarian and their meals were planned and delivered in the way the person had requested. The cook also showed us one person's diet had been adapted through the use of nutritional supplements in order to support them in avoiding risks related to choking. Care records showed where people were at risk of poor nutritional intake, their weight was checked regularly to help make sure it was maintained. Staff also told us when it was needed they understood how to make referrals to specialist services such as dieticians in order to request any additional support and advice they required.

Is the service caring?

Our findings

People told us they knew the staff well and that the staff team were caring. One person said, "The staff are always there. They understand us and the most important thing about them is they listen to us. If we want to speak they want to know." Another person said, "I have lost many loved ones over the course of my life and the feeling of loss never goes. By being here I feel much less lonely."

We saw staff knew people's individual names, how they liked to communicate and how and where they liked to spend their time. Staff used this knowledge to ensure people received the care people wanted and needed. The registered manager was also well known to people and we observed people interacting with the registered manager and all the staff team openly. Communications between staff and people were warm and friendly with lots of laughter and chatting about the day and the things they liked to do. One person told us, "I like a paper to read in the morning. There are two particular ones I read and I get these here. It's great." Another person added, "The staff are very caring. I have a male carer. They are gentle and make sure they put my pillow behind me so I can sleep."

Staff assumed that people had the ability to make their own decisions about their daily lives and when staff gave people choices they listened for the response people gave before carrying out individual requests and wishes. We observed staff checked and asked people for their consent before they provided any kind of personal care or assistance. Staff explained the support they were going to give before giving it and people were more relaxed through knowing what was happening. If people declined the help offered staff respected the person's wishes and returned to offer the support again at a time when the person was ready to accept it.

When carrying out any care tasks staff took additional time to let people be themselves and do what they wanted to do. Staff quickly noticed and offered any support needed if people required assistance to move from one room to another. Rather than making any assumptions staff always asked people where they would like to be and where they would like to sit. For example, we saw we saw two people had made a decision to have their hair done by a visiting hairdresser. One of the people said, "We all have our hair cut including the men. It's good to have that choice." We also saw a staff member gently spoke and walked with one person who had chosen to walk around outside their room. The person responded well to having someone with them and told us, "I like company and the staff are great at just being there when I need them and having the time to spend with me. The staff and manager are special to me."

All of the people we spoke with said when they wanted to spend time in their private rooms, their privacy was respected. We saw staff knocked on the doors to the rooms and waited for a response entering. Before we spoke with people in their rooms staff checked and asked for the person's permission. One person told us, "I am happy to speak with you and I choose who I get to speak with. The staff follow my decisions and I am grateful because I like my own privacy."

We also saw staff ensured the doors to rooms and areas where personal care was being provided were closed when people needed any additional help with their personal care. People's rooms had been

personalised, not just with ornaments and pictures but with the furniture people had chosen to bring in with them when they moved to the home. A relative told us, "We have brought a chair in today so that [my relative] can use it in the dining area when they have their meals."

During lunch time we saw people were able to be as independent as possible with eating and drinking. People had access to aids such as straws to help them to drink as much as they wanted in mugs they had chosen to use and utensils and plate guards in order to help them eat their food in the way they wished and at their own pace. Staff regularly checked that people were enjoying their meals and offered additional help whenever the felt this might be needed. If people had chosen not to be assisted their wishes were fully respected. People were not hurried with their meals and the meal servings were only changed when people had completed their meals and had said they had eaten enough. When people had made the choice to have their meals in their rooms their wishes had been carried out. We saw staff had also ensured people in their rooms had the same access to utensils to help them eat and drink independently and that they also had access to condiments to add any additional preferred flavours to their meals.

The registered manager and staff we spoke with told us about the importance of respecting personal information that people had shared with them in confidence. One person told us they were supported to open their own mail and correspondence and that if they needed any help reading any information they received staff provided this in private. Another person told us, "The staff are very respectful and keep anything I tell them and don't want sharing confidential. The provider had a policy and guidance in place for staff to follow regarding retaining information and disposing of confidential records and information. The registered manager and staff confirmed staff had access to this and understood how it should be applied. We saw peoples' care records were stored securely so only the registered manager and staff could access them. These arrangements helped ensure people could be assured that their personal information remained confidential.

For people who might have needed additional support in communicating their wishes the registered manager was aware that local lay advocacy services were available and knew how to make contact with them. The information about how to contact advocacy services and what they provided was also on display in the home and readily available for people and their families to access if they chose to. Lay advocates are people who are independent of the service and who support people to make their own decisions and communicate their wishes.

Is the service responsive?

Our findings

Assessments had been completed with people before they had moved into the home so they were confident the home could meet their needs. We saw the assessments had been developed into individual care plan records. Staff told us the records provided them with the information they needed in order to respond to people's on-going care and support needs. People told us staff were consistently responsive. One person said, "The staff don't just do what they need to if you know what I mean. They work with us and if I need care they do it in a way which keeps me involved so I know what's going on."

Reviews related to the care provided for each person were carried out regularly by the registered manager and staff. People we spoke with and one person's relative told us they were involved in the reviews when it was needed and in any decision making about their care needs. The registered manager showed us one person had been supported to bring their own bed with them into the home and that the use of the bed had helped them to be more comfortable. Another person had been supported to manage their diabetes through having records in their room which they and staff could refer to. When one person described the support they had received regarding a recent health matter they said, "The staff are good at letting me know if there are any appointments coming up and if there is anything we need to decide on we do it together."

People we spoke with told us they had access to a range of flexible and planned individual and group activities they had chosen to undertake. They also said they had been fully involved in choosing activities which were meaningful to them. Activities included a variety of indoor games and board games, assisted trips around the town and outings during the summer to places of interest. We joined a group of people playing bowls in a communal area of the home with support from the homes dedicated activity co-ordinator. People said they enjoyed the activity and we saw they were relaxed and sharing laughter with the activity co-ordinator and other members of the staff team.

People told us they knew the other people who lived in the home as they had previously lived in the local area. We saw people were comfortable with each other and were able to relate to the things people had been involved in before they moved to the home. One person said they used to work on the land locally and liked to visit the farm and fields they used to work in. The person told us they were supported to do this. Another person said they enjoyed going to visit the local shops and that staff went with them. The person said, "Me and some of my friends who live here like to get out and staff help us get there." We also observed staff took their time to sit with people and to listen to and talk with them about any subject they chose to speak about. People told us staff made sure activities also included more focussed one to one time to help them pursue any specific interests. For example, when people had chosen to spend time in their rooms they were not left out. The activity co-ordinator took their time to visit each person to ask if there was anything they would like to do and just to chat.

The registered manager told us and information in the homes statement of purpose confirmed that people who wished to practise their religion were given any support they needed to do this. The statement of purpose set out the aims of the service, the types of services provided and the contact details for the provider and registered manager. The registered manager and people and staff we spoke with confirmed

that although they had chosen to celebrate the main annual Christian festivals, wherever needed any other religious events people wished to celebrate would also be supported and respected. This included if needed making contact with any local place of worship and arranging for people to maintain their religion in the community or to request that a minister or member of any specific religious group to visit people at the home. Two people had chosen to be supported in maintaining their religion in the home through ministerial visits and this was respected.

People and a relative we spoke with told us they felt any concerns or issues they had would be addressed quickly by the providers, the registered manager and staff. One person said, "It's easy to raise any questions we have. It's our home and the manager is a listening person who puts us first." The registered manager told us that although they had received no complaints there was a complaints procedure in place for them to follow if needed. The information about how to raise concerns and formal complaints was displayed in the home for people who lived there, and visitors, to see. The information was also available in the homes statement of purpose.

Is the service well-led?

Our findings

People and their relatives said that the registered manager was consistently available and that the home was well led. One person told us, "The manager is a genuine person who has the respect of all of us. They come to see me regularly and understand me. Last Sunday before our Sunday lunch they popped in to see me and bought me a sherry. It was lovely."

The registered manager was also one of the homes provider's. They told us the home owners worked as a team and that they had a lead in undertaking a range of regular audit checks. These included areas such as the arrangements in place to support people and staff and those related to the environment. We saw the home was clean and well maintained. We spoke with the lead staff member responsible for maintaining the cleanliness of the home. They told us they had clear systems in place which had been devised by the registered manager to keep the home clean.

Throughout our inspection we observed that staff were provided with the leadership they needed from the registered manager to develop good team working practices. Staff said that they were happy working at the home and felt well supported by the registered manager. The provider had a range of good practice guidance for staff to refer to, for example in relation to equality and diversity and infection control and staff said information was easy to access. In addition to written guidance, we observed staff openly speaking with and seeking guidance from the registered manager regarding people's care needs and any day to day issues related to the running of the home.

The registered manager showed us they had maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies. We saw that the registered manager analysed incidents collectively with staff when needed and through daily discussions to identify any learning or changes in the way people were supported. For example, the audit action recorded for February 2016 showed one person had experienced a fall due to them wearing ill-fitting slippers. The record showed this had been discussed as part of a review and new slippers had been ordered for the person. Records also showed another person had been at risk of developing pressure sores. This had been discussed together with the person and joint decisions had been made to enable the person to manage their needs in the way they had chosen to.

The provider and registered manager had a policy, information and guidance about whistle-blowing which was available for staff. Staff said they were well supported by the registered manager but that if they had any concerns they knew the actions they could take to escalate any issues to external agencies, including the Care Quality Commission, and would not hesitate to use them if they needed to in the future.

Records showed staff meetings were held regularly and staff said they found them useful. We looked at the records from the last two team meetings and saw that topics discussed included any feedback people had shared with the registered manager through their meetings, staff deployment, supporting people with their medicines and care tasks. The records showed which staff had attended and those who were unable to attend had recorded when they had read the record.

People told us and records showed that they had meetings together with the registered manager and staff each month to talk about and give feedback on anything they wanted to change or do differently. The last record for April 2016 showed one person had been really happy with the tomatoes staff had sourced for them. Another person had asked for fewer vegetables at lunchtime and the person told us staff had carried out their request. One person said that they had recently found some staff had not knocked on their door before entering their room. The registered manager showed us they had taken immediate action by discussing this direct with staff and including it on the agenda at the following staff meeting. Information also showed that following the meeting all staff had read and signed to say they understood the provider's confidentiality policy and dignity and respect policy.

In addition to people and visitors having daily access to the registered manager, deputy manager and staff there was a range of processes in place which enabled the provider and registered manager to receive feedback on the quality of care provided at the home. For example, questionnaires were available in the reception area of the home for people and visitors to complete if they chose to.

The provider had developed annual satisfaction surveys for people who lived at the home, their relatives, staff and visiting health and social care professionals. The last survey was completed in February 2016. The feedback received was positive and the information we looked at also showed how the provider had considered suggestions about how they could keep improving people's experiences of the care they received. For example, one person had asked for a rail to be installed on the wall near to their bed so they could be more independent when they sat up in bed. We saw this had been fitted. These systems helped provide assurance for the provider and registered manager that they were continuing to provide and further develop services in the way people wanted them to be delivered.