

Chimneys Residential Care Home

Chimneys Residential Home

Inspection report

135 Chellaston Road
Derby DE24 9DZ
Tel: 01332 702247

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 17 September 2015 and was unannounced.

Chimneys Residential Home is registered to provide residential care and support for up to three people with a learning disability or may have a mental health diagnosis. At the time of our inspection there were three people using the service.

The accommodation is on one level, with two lounges, a kitchen, and a kitchen diner, four bedrooms and a rear garden. The service is situated on a main road in a residential area.

Chimneys Residential Home has a registered manager 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 is also the registered provider (The legal entity that provides a regulated healthcare or adult social care service to members of the public. This could be an individual, a partnership, or an organisation). The registered manager lives on site with private/separate accommodation.

Summary of findings

We saw that people using the service felt safe. The registered manager had a good awareness of abuse and had received appropriate training in order to provide care and support in a safe manner.

There were sufficient staff to meet the people's individual needs.

People who used the service were happy and well cared for. The service had an atmosphere that was warm, friendly, inclusive and supportive. We saw the registered manager was positively engaging with people. There were daily outings and activities for people who used the service.

We saw that medication was administered in a safe and timely manner by staff who were trained to administer medication.

We saw risk assessments were completed and people's plans of care showed the measures to minimise risk and promote people's safety.

Plans of care were individualised and included information about people's life histories as well as their care and support needs, interests, and likes and dislikes. This provided staff with sufficient information to enable them to provide care effectively.

People took part in a wide range of activities which they were able to choose themselves, of which some were in the local community.

The registered manager referred people to relevant health professionals in a timely manner to meet their health needs.

The building was well maintained and checks of the building were up to date to ensure people's safety.

There were effective systems in place for an unexpected emergency.

The registered manager encouraged an open, inclusive and empowering culture for the people who lived at the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from abuse because the registered manager had a good awareness of abuse.

There were sufficient staff to meet people's needs.

Measures were in place to ensure people were supported safely. Risks to people had been appropriately assessed, independence was promoted.

People received their medication in a safe and timely manner. Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective.

The registered manager and other staff employed by the service had received appropriate training to enable them to provide the care and support people required.

People's choices and decisions were respected and consent to care and treatment was sought.

People's dietary requirements were met and their preferences and choices were taken into consideration.

People were referred to health care professionals in a timely manner.

Good



Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect.

People who used the service had developed a positive relationship with the registered manager and other staff employed by the service.

People were encouraged to make choices and decisions for themselves.

Good



Is the service responsive?

The service was responsive.

Plans of care were individualised to meet the people's care and support needs.

People took part in a wide range of activities which they were able to choose themselves, of which some were in the local community.

Good



Is the service well-led?

The service was well led.

There was a registered manager in position.

There were effective systems in place for an unexpected emergency.

Good



Summary of findings

The registered manager worked collaboratively with other professionals.

The registered manager encouraged an open, inclusive and empowering culture for the people who lived at the service.

Chimneys Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 17 September 2015 and was unannounced.

The inspection was carried out by one inspector.

Prior to the inspection we contacted commissioners for social care, responsible for funding people that live at the service, and asked them for their views about the service.

Before the inspection we reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

Chimneys Residential Home had three people who use the service, they have been living there between 4 years and 18 years. The registered manager is also the registered provider of the service, the registered manager lives in the same location with their own private / separate accommodation. The registered manager is the main carer for the people who use the service and at the time of our inspection the three people who used the service were all independent with their personal care needs and were able to come and go from the location of the service as they pleased.

We spoke with the three people that used the service, the registered manager and the only other permanent member of staff, who provides domestic assistance. We also spoke with one relative.

We looked at the records of three people which included their plans of care, risk assessments and medical records. We also looked at medicine records and maintenance records and audits. We also received written feedback from one healthcare professional.

Is the service safe?

Our findings

One person who used the service told us "I feel safe and happy here", another told us "I have lived in other places where I did not feel safe but I feel safe here, I never want to leave, it's my home". We spoke with a relative who said "I never have to worry as I know that [name of person] is safe there".

The registered manager had a comprehensive awareness and understanding of potential abuse and had received training in safeguarding and protecting vulnerable adults from abuse from the local authority. The registered manager had a good awareness of the potential of abuse that could happen to people when they were out in the community, and how this risk could be identified and managed. This meant that people who used the service could be confident that their safety and welfare were promoted.

Plans of care included risk assessments associated to people's health, wellbeing and safety. An assessment is a process used to evaluate or analyse the risks to the individual. People's plans of care and risk assessments were regularly reviewed which enabled the registered manager to be confident that their approach to reducing risk and managing people's safety was up to date. These documents were individualised with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk.

People who used the service were able to come and go as they pleased. The registered manager did have procedures in place for any potential risks. For example if a person were out using community facilities and they did not arrive back at the service at the expected time. This included contacts with the local police who were aware of how to respond in the event of an emergency, in order to minimise risk and promote safety.

People who used the service were able to manage their own money, one person told us "We have our own money and we spend it how we choose, we have our freedom to do what we want which we might not get in other places".

There were effective systems in place for the maintenance of the building and there were records and certificates to confirm this. This meant that people who used the service were accommodated in a well maintained building that was checked for its safety.

We saw there were fire evacuation plans for the people that used the service. This helped staff to ensure people received the appropriate level of support in the event of a fire and to help keep them safe.

There were sufficient staff to meet the needs of the people that used the service which took into account their level of dependency and the support required in order to maintain their safety.

The registered manager had a sustainability plan for if she were not able to provide the necessary care at any given time, for example due to ill health. This plan included the use of agency staff at night, and during the day members of her family who had received appropriate training, this was to ensure the people that used the service were safe in the event of the registered manager being unavailable.

We looked at the medicine records of the three people and found that their medication had been stored and administered safely. This meant that people's health was supported by the safe administration of medication. The registered manager informed us that they regularly requested reviews of the medication by either the GP or the community mental health team. This helped to ensure the medicine that people were taking was working well for them.

Is the service effective?

Our findings

One person who used the service told us "we get all the support we need living here, if we want to do something we just have to ask, if we need support to do it then we get it".

The registered manager and another member of staff we spoke to were able to tell us about the care and support they provided to the people that used the service. This was consistent with what we saw was written in the plans of care.

The registered manager had received regular training from the local authority to gain the necessary skills, knowledge and qualifications in order to provide effective care and support.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA and DoLS exists to protect people who lack the mental capacity to make certain decisions about their own wellbeing or have restrictions place upon them. The registered manager had a good knowledge of the Deprivation of Liberty Safeguards, and the requirements of the Mental Capacity Act 2005, and was aware of how to put these into practice effectively.

People who used the service were able to make choices and decisions regarding the support they received. There was evidence in the plans of care that people's capacity had been considered when the decision was being made about where to live. The registered manager informed us

that they take steps to ensure people's capacity to make decisions has been considered and where appropriate relevant people have been involved to ensure best interest decisions made are appropriate.

One of the people who used the service told us "The food is lovely, we have lots of food", another person told us "We decide what we are having, everyone [staff] knows what we all like and don't like". People who used the service were involved in the planning of meals.

We saw that the meals were prepared by the registered manager. A record was kept of the meals that were planned. The registered manager informed us that they ate out several times a week. People had favourite cafes and shops in the nearby town that they would go to for meals. One person told us that they were trying to lose weight and the registered manager was supporting them with this and helping them to make healthier choices.

People could use the kitchen facilities and were therefore able to access food and drinks throughout the day.

People who used the service had access to healthcare services, there was documented evidence in the plans of care that detailed appointments to the dentist, chiropodist and GP. There were also documented reviews with the community mental health team and social workers. The registered manager was aware of how to refer people to the relevant services if necessary. We found from reading the plans of care that the advice and actions were followed in accordance with directions from the health care professionals.

Is the service caring?

Our findings

One person who used the service told us "They look after us well here, I'm so happy, I love it". A relative we spoke with said "It's the best care [person's name] has ever had, its the best thing that could have happened to them, we are more than happy with the care".

People that used the service appeared happy as, they were smiling and talkative throughout our visit. The registered manager and another member of staff were observed to be spending time with people and encouraging them to express their views and treating them with dignity.

We observed the registered manager and member of staff speaking to the people who used the service with kindness and respect. They spoke in a reassuring manner using a gentle approach when a person was getting upset and agitated, this manner reassured the person and they were able to continue with the conversation they were having.

The registered manager had a good background knowledge of people that used the service, including their communication skills, abilities and preferences. This was documented in the plans of care. The registered manager informed us that she worked closely with the people that used the service to develop and maintain their independence to its optimum level. They were knowledgeable about all aspects of their care and through conversation displayed a commitment to promoting people's health and welfare.

The registered manager had good relationships with the people who used the service. They had a good understanding as to how to support people when they exhibited distressed behaviour, or behaviour that challenged. We were informed by the registered manager of conversations that had taken place between themselves and people that used the service that showed they had been responded to in a positive and caring manner which had reduced people's distress.

Peoples choices were respected and supported. For example, the registered manager informed us that one of the people that used the service had made the decision not to attend a day centre anymore. This was supported, despite being challenged by the day centre, and the registered manager had then considered other activities which may be preferred by the person.

Everyone had their own bedroom which were decorated and furnished to the individuals preference. People did not enter bedrooms without seeking consent first to ensure that privacy and dignity were respected. There was also a separate communal space for those living at the service which afforded people privacy in their day to day lives. One person showed us a photograph album which displayed photographs of their family and friends. They were then observed to be showing other personal items to the staff who spent time talking about them and what they all meant to that person. We observed the person looked happy and was reassured by this interaction, which showed that staff were aware of the need to spend time with the person to show care and concern for their well being.

Is the service responsive?

Our findings

A relative informed us that they are kept updated and involved with the planning of care, they said "Communication is very good".

Each person that used the service had an individualised plan of care that was person centred and identified the support that was needed. People that used the service were able to verbally express their choices, needs and preferences and these were documented, as well as listened to and acted on by the registered manager. People's plans of care included information about their lives prior to living at Chimneys Residential Home and this enabled the registered manager and other staff to understand how people's life experiences affected their lives today. Families were involved with background information and planning of care.

People who used the service had various activities they enjoyed. One person told us that they regularly go to the cinema and walk to the local pub twice a week.

Another person said us they go to a resource centre and participate in all the activities there. They also told us that the three of them (people who live at the service), liked to get the bus and go to a café in the local town.

People told us that they like to watch television in the evenings, "Especially the soaps and Midsummer Murders", and that they liked to listen to music. We also observed there to be magazines and books in the living areas.

The communication book that was in place detailed bus trips, meals out, hairdresser appointments, shopping trips and visits to the cinema.

Each plan of care had a letter in it which detailed information about Chimneys Residential Home. It also had details about how to complain if there was a problem or concern with the service. This letter had been given to family members as well as being in the plans of care. The registered manager informed us that they had not received any complaints for as long as they could remember. Due to this there was no complaints log evident in the service.

One person told us "I will tell [the registered manager] if I have a problem, they always sort my problems out for me". One relative we spoke with informed us that if they had any concerns they would speak to the registered manager, or the local authority. They went on to say that they have never had any concerns and that the registered manager regularly updates them with any changes or concerns.

The registered manager informed us that they encouraged family contact and communication. In the past they had supported people to trace relatives who they had lost contact with as this had an impact on the person's emotional well being, this showed they were responsive to the emotional needs of the people who used the service.

Is the service well-led?

Our findings

There was a registered manager in post, who was also the registered provider.

People who used the service informed us that they had a good relationship with the registered manager, one person said "[registered manager] is my family".

We spoke with the one member of staff who informed us "It's not like coming to work, this is just my other family".

The registered manager had a sustainability plan for if she were not able to provide the necessary care at any given time, for example due to ill health. This plan included the use of agency staff at night whilst people who used the service were sleeping, and during the day members of her family who had received appropriate training, and who were familiar with the people living at the service in order to cause minimum disruption to the people using the service.

The registered manager explained that they had expectations that other staff who may work in the service should display values similar to her own, which were to treat the people who lived at the service as they would their own family; with compassion, dignity, respect and equality. She achieved this by ensuring they had undertaken appropriate training, were supported and involved in decision making and encouraged open communication.

The registered manager showed a good understanding of human rights and diversity in relation to the people's needs and backgrounds. They worked closely with other key organisations such as the local authority and mental health services to encourage an open, inclusive and empowering culture for the people who lived at the service.

Written feedback from one healthcare professional stated that they had no concerns about the care that was provided at the service, they felt able to approach the registered manager and be confident that any issues would be acted on promptly and appropriately.