

# As U Care Ltd

# The Chimes

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The Chimes is registered to provide 24-hour care for up to 21 people. The home is situated close to St Annes town centre and is a large corner property with garden and paved areas around the building. There are three floors, two of which have lift access, two lounges and a dining area.

Some bedrooms have en-suite facilities. At the time of our inspection, 17 people lived at the home.

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 registered manager. 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.

This inspection took place on 04 and 15 May 2018 and was unannounced on both days.

The last inspection of this service took place on 21 and 22 August 2017. During that inspection, we found a number of breaches of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014. These related to regulation 9 (Person-centred care), regulation 11 (Need for consent), regulation 12 (Safe care and treatment), regulation 13 (Safeguarding service users from abuse and improper treatment), regulation 14 (Meeting nutritional and hydration needs), regulation 17 (Good governance) and regulation 18 (Staffing).

Following the last inspection, we met with the provider to discuss our concerns and asked them to complete an action plan to show what they would do and by when to improve the all the key questions to at least good. At this inspection we found the provider had made improvements in all areas. You can see more information about this in the detailed findings of the report.

However, as some key questions were rated as 'Inadequate' at the last inspection, although the provider has made improvements, we need to see improved practice, sustained over time, in order to award a rating of 'Good' for these key questions.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The provider had systems to safeguard people against abuse or improper treatment. Staff had received training to spot abusive or inappropriate practices and knew how to report them. The service followed a

robust recruitment process to ensure only suitable candidates were employed.

Staff assessed risks to the health and well-being of people who used the service and plans were put in place to lessen these risks. Environmental risk, for example around fire safety, had been assessed and appropriate plans put in place to lessen risks. The service promoted positive risk taking in order to help people maintain as much independence as possible.

The service ensured a sufficient number of staff were deployed at all times. Staff retention had improved and more staff were available to cover shifts at short notice, if required. The registered manager reviewed staffing levels against people's needs to ensure there were always enough staff.

The service followed best practice guidance in relation to the management of medicines. An electronic system was used to manage stock, order medicines and record administration. Staff confirmed the system helped to reduce the risk of medicines errors.

Staff had received training to reduce the risks related to the spread of infection. We observed staff follow good practice guidance whilst undertaking their duties. The home was clean and tidy during our inspection.

The provider had systems which recorded any adverse incidents or events. We saw analysis of accidents and incidents was undertaken in order to make positive changes to reduce the risk of recurrence.

People's needs and choices were assessed and care and treatment provided in line with current legislation and guidance in order to achieve effective outcomes for people who lived at the home.

The service ensured staff had the skills, knowledge and a good level of support in order to meet people's needs effectively. Staff received a thorough induction when they began working at the home, alongside additional training and regular supervision from senior staff.

People's nutritional needs had been assessed and care planned in order to meet them. People's specific dietary needs were monitored and catered for appropriately.

Staff supported people to live healthier lives and to receive ongoing healthcare support. People were supported to attend appointments and healthcare professionals visited the home when required.

The service followed good practice guidance in relation to obtaining consent from people. Where people lacked capacity to consent, the service followed best interests processes, as outlined by the Mental Capacity Act 2005 code of practice.

We received consistently positive feedback about how caring the service was, including staff and management. People were able to make their own choices and express their views. People, their relatives and staff were actively involved in shaping the service delivered.

The service ensured the care and support delivered to people was personalised and responsive to their needs by way of ongoing assessment and care planning. People and their relatives confirmed they were involved in this process.

The service had employed an activities coordinator. They had carried out work to find out what activities people would like to do and had helped to improve activity provision at the home.

The provider had a complaints policy. People we spoke with, and their relatives confirmed they would have no hesitation in making a complaint and felt any concerns would be dealt with swiftly and appropriately.

The provider had systems in place to assess, monitor and improve the quality of the service provided to people. We saw improvements had been made in all areas since our last inspection.

The service used a variety of methods to gain people's views and experiences of using the service. These included ongoing informal conversations, as well as meetings and satisfaction surveys.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was safe.

Systems were in place to safeguard people against the risks of abuse and improper treatment.

The service had systems to ensure the proper and safe management of medicines.

The registered manager continually reviewed staffing levels to ensure enough staff were deployed at all times.

### Is the service effective?

Requires Improvement 

The service was effective.

People received care from a well-supported staff team who received a good level of training and support from senior staff.

People's preferences had been taken into account in relation to food provision. Where people were at risk, their food and fluid intake was closely monitored.

People were supported to access external healthcare services as appropriate.

### Is the service caring?

Good 

The service was caring.

We received consistently positive feedback about the approach of staff. We observed this during our inspection.

People's privacy and dignity was maintained at all times. Staff spoke with people in a dignified and compassionate manner.

People and, where appropriate, others acting on their behalf, were involved in reviewing the care and supported provided to them.

### Is the service responsive?

Good 

The service was responsive.

Staff assessed people's needs on an ongoing basis and ensured written plans of care were in place to guide staff to meet people's needs.

Provision of meaningful activities, in order to provide stimulation for people and to maintain their social health, had improved since our last inspection.

The service had a complaints policy. People and their relatives were confident any complaints would be dealt with appropriately.

### **Is the service well-led?**

The service was well-led.

The provider had systems to monitor the quality of the service provided and to seek the views and experiences of people who received a service.

Checks to make sure the premises and equipment were safe had been carried out.

There were clear lines of responsibility and accountability within the service. The staff team received a good level of support from management.

**Requires Improvement** 

# The Chimes

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 Chimes is registered to provide 24-hour care for up to 21 people. The home is situated close to St Annes town centre and is a large corner property with garden and paved areas around the building. There are three floors, two of which have lift access, two lounges and a dining area. Some bedrooms have en-suite facilities. At the time of our inspection, 17 people lived at the home.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to this inspection visit, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced when receiving a service.

This inspection took place on 04 and 15 May 2018, and was unannounced.

The inspection was carried out by one adult social care inspector.

During the visit we spoke with a range of people about the service. They included three people who lived at the home and two visiting relatives. We spoke with three people's relatives over the telephone following our

inspection visit. We also spoke with four staff, including the registered manager and the chef. We spent time in communal areas in order to observe care practices and how staff interacted with people in their care.

We looked at care records of three people, the staff training matrix, personnel records of two staff and arrangements for meal provision. We also looked at records related to the management of the home and medication records. We reviewed staffing levels and also checked the building to ensure it was clean, hygienic and a safe place for people to live.



# Is the service safe?

## Our findings

When we last inspected the service in August 2017, we identified concerns in relation to staffing, safeguarding service users from abuse and improper treatment, safe care and treatment, including medicines management, fire safety and infection control.

Following that inspection, we met with the provider and received an action plan from them, which explained how they planned to make improvements for people who used the service. During this inspection, we found the provider had made improvements and was now meeting legal requirements.

At the last inspection, the service was rated as 'Inadequate' for this key question. Therefore, although the provider was meeting legal requirements when we carried out this inspection, we need to see improvements sustained over time before the service can be rated as 'Good'.

People we spoke with, and their relatives, told us they felt the service was safe. Comments we received included, "Safe? Oh, yes. We've got good staff here. [Staff member] is particularly good." And, "There are enough staff and I've never seen anything untoward." A relative we spoke with told us, "The staff do a grand job and there's always someone around." Another relative commented, "Yes, there are enough staff and they have a very good relationship with [family member]."

At the last inspection, we found the provider had not ensured a sufficient number of suitably qualified, competent, skilled and experienced staff were deployed at all times. This was a breach of regulation 18 (Staffing). Staffing levels had not been determined according to the dependency levels of people who lived at the home. Staff told us they felt like they were on minimum staffing all the time. Staff had to meet people's care needs and had to complete additional tasks such as the laundry, tidying bedrooms and providing activities. They told us activities often were not provided because staff were too busy.

During this inspection, we found staffing had improved. We looked at how the service ensured sufficient numbers of staff were deployed at all times. We did this through our observations, speaking with people and their relatives, speaking with staff and reviewing records related to staffing. During our observations, we saw people did not have to wait any length of time for staff assistance, for example if a call bell was used. We saw staff were available in communal areas throughout our inspection to provide support when people needed it. People we spoke with, their relatives and staff all told us they felt staffing levels at the home were sufficient to meet people's needs.

When we discussed staffing with the registered manager, they explained staffing levels were decided based upon the needs of people who lived at the home. They told us they kept this under continual review. They had sought feedback from people who lived at the home and their relatives during meetings. We saw minutes of the meetings which showed everyone was happy with the staffing levels at the home.

We reviewed staffing rotas for the month leading up to our inspection and saw a consistent number of staff were deployed throughout the day and night. The registered manager explained they could bring extra staff

in if they needed to and were supported to do so by the provider. Since our last inspection, staff retention had improved and the registered manager told us they now had a stable staff team who they could call upon to cover extra shifts if required. A member of staff told us, "We have enough staff on duty now. [Registered manager] would bring in extra staff if needed." This staff member went on to give us an example of how extra staff had been brought in to care for a person during their final days. This was so the person was not alone during busy periods, for example, when staff were helping people to wash and dress in a morning.

At the last inspection, we found the provider had not established systems and processes which were operated effectively in order to protect people who used the service against the risks of abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment). Staff had not received training in relation to safeguarding people who may be vulnerable by virtue of their circumstances. They were not confident with regard to what forms abuse may take and the action they would take if they thought someone was being abused.

During this inspection, we found improvements had been made in relation to safeguarding. The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the service's whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice. The service had recently appointed a safeguarding champion who attended events which focussed on safeguarding. The champion then brought learning and ideas back to the home to share with other staff. This helped to ensure the service followed best practice in relation to safeguarding people. The service's policies and procedures took into account the need for respecting people's human rights and emphasised people were not to be discriminated against with regard to any protected characteristics under the Equality Act 2010. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

At the last inspection we found the provider had not ensured medicines were managed safely and properly. This was a breach of Regulation 12 (Safe care and treatment). The service had run out of some people's medicines, so they could not be administered as prescribed. Additionally, we found medicines storage was not in line with national guidance. The provider had not undertaken any audit on medicines for over 12 months.

During this inspection, we found improvements had been made with regard to the safe and proper management of medicines. We looked at how the service managed people's medicines. We observed a member of staff administering medicines on both days of our inspection. Medicines, including controlled drugs were being obtained, stored and disposed of appropriately. The service used an electronic system which helped to ensure people received their medicines as prescribed. We discussed management of medicines with senior staff. They described the process they followed in relation to receipt, ordering and disposal of medicines. Where people were prescribed medicines for use 'as and when required', we found staff had written protocols to guide them on their use. The registered manager had undertaken regular audits to ensure the service had sufficient stock and that people received their medicines as prescribed. We found the systems operated by the service helped to ensure the proper and safe management of medicines.

At the last inspection we found the provider was not operating effective systems in order to assess the risk of, prevent, detect and control the spread of infections. This was a breach of regulation 12 (Safe care and treatment). We found cleaning of toilet risers and bath seats was inadequate and found infection control audits had not highlighted shortfalls in practice.

During this inspection, we found improvements had been made. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties. We found all areas of the home to be clean and tidy. The registered manager had carried out regular audits around infection prevention and control. This helped to show the service was meeting legal requirements in relation to infection control.

At the last inspection we found the provider had not properly assessed the risks to the health and safety of people who lived at the home and done all that was reasonably practicable to mitigate those risks. This was in breach of regulation 12 (Safe care and treatment). Although risk assessments were present, we found risk assessments and plans to mitigate and manage risk were not always completed for every aspect of people's care and were not always reflective of people's current circumstances. Additionally, we found a range of liquid toiletries and cleaning products were accessible around the home. This was a risk because people who were living with dementia could have mistakenly consumed them.

During this inspection, we found improvements had been made. We looked at how the provider assessed and managed risks to people's health and well-being. We saw each person had individualised risk assessments which, for example, covered areas such as mobility, nutrition, pressure areas and physical health. We saw evidence the risk assessments were reviewed on a monthly basis, or when someone's needs changed. Staff we spoke with were able to describe confidently the steps they took to reduce risks to people. For example, referring people to external healthcare services for guidance and advice, as well as monitoring people carefully, when required. A member of staff explained the service used risk assessments to aid in positive risk taking, which helped people to maintain as much independence as possible, whilst reducing the risks to their health and well-being. We found liquid toiletries and cleaning products were no longer accessible around the home.

At the last inspection we found the provider had not ensured premises and equipment were safe and used in a safe way. This was a breach of regulation 12 (Safe care and treatment). Suitable systems were not in place to manage and mitigate risks associated with fire safety. The provider's fire risk assessment had not been reviewed since 2013. Fire safety training had not been delivered to staff to guide them in actions they should take in the event of a fire or evacuation of the home. Automatic door closers were inoperable and we found doors were being wedged open.

During this inspection, we found improvements had been made. Since our last inspection, the provider had fully reviewed their risk assessments and emergency plans, related to fire safety and potential evacuation of the building. We checked the fire risk assessment and other documentation relating to environmental risks. We found they were up to date and suitable. The registered manager had implemented new Personal Emergency Evacuation Plans (PEEPs) for each person who lived at the home. We saw these were reviewed regularly and updated as necessary. Staff had received fire safety training, which prepared them for what action to take to reduce the risks associated with fire and instructed them on the action they should take in the event of a fire at the home. We saw door closers were operable and were routinely checked.

We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at two staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. A valid DBS check is a statutory requirement for staff providing a personal care service supporting vulnerable people. Staff we spoke with told us they did not start work until they had received their DBS check. This showed staff were always recruited through an effective recruitment process that

helped to ensure only suitable candidates were employed to work with people who may be vulnerable.

We looked at how the service recorded and analysed accidents and incidents. The registered manager showed us their systems which recorded details of such events, along with details of any investigations they had carried out. For example, we saw for one person who had suffered a fall, closer monitoring of the person had been put in place and advice had been sought from external professionals. We saw the emphasis was on learning from any untoward incidents, in order to reduce the risk of recurrence.

## Is the service effective?

### Our findings

When we last inspected the service in August 2017, we identified concerns in relation to the need for consent, the support and training staff received, as well as nutrition.

Following that inspection, we met with the provider and received an action plan from them, which explained how they planned to make improvements for people who used the service. During this inspection, we found the provider had made improvements and was now meeting legal requirements.

At the last inspection, the service was rated as 'Inadequate' for this key question. Therefore, although the provider was meeting legal requirements when we carried out this inspection, we need to see improvements sustained over time before the service can be rated as 'Good'.

At the last inspection, we found the provider had not ensured care was provided only with the consent of people who used the service. Where people lacked capacity to consent, the provider had not acted in accordance with the Mental Capacity Act 2005 (MCA). This was in breach of regulation 11 (Need for consent). We found assessments of people's capacity to make decisions had not been assessed and best interests processes outlined in the MCA code of practice had not been followed. Staff were unable to demonstrate an awareness of the MCA code of practice and confirmed they had not received training about how to support people to make decisions and act in their best interests. During this inspection, we found improvements had been made.

The 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. The application procedures for this in care homes and hospitals are 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 were being met.

The provider had policies and procedures to assess people's mental capacity and to support those who lacked capacity to manage risk. Staff we spoke with had an awareness of the MCA and were able to explain how they supported people to make decisions about their day to day lives. People were able to choose what they wanted to do and were supported by staff. This was confirmed by people we spoke with. Where people lacked capacity to make decisions, this had been assessed and recorded. Staff followed a process to ensure decisions were taken in the person's best interests.

Care documentation the provider used had a section where people's consent to care could be recorded. We saw the documents were signed by people to say they gave consent, or, where appropriate, someone else

acting on their behalf. Where people had given powers to other to act on their behalf, the service requested sight of legal documentation before allowing any decisions to be made.

Where people lacked capacity to give informed consent and restrictive practices were employed in order to maintain people's safety, we saw the registered manager had taken steps to ensure restrictions were in the person's best interests and as least restrictive as possible. Where restrictions were necessary to keep people safe, the registered manager had applied for authorisation under DoLS. This showed the service was operating in accordance with the principals of the MCA.

At the last inspection we found the provider had not ensured staff received appropriate training and supervision as was necessary to enable them to carry out their role effectively. This was a breach of regulation 18 (Staffing). Staff had received very limited training. Staff had not all received training on safe moving and handling, fire safety or safeguarding, for example. The provider had not undertaken an analysis of their training programme to ensure staff had completed training or to assess its effectiveness. Staff had not all been provided with adequate supervision. During this inspection, we found improvements had been made.

People received care from an established and trained staff team who had a good understanding of their assessed needs. We were able to establish through our observations people received care which met their needs and protected their rights. Comments we received about staff included, "The staff are good. They cope well with everyone's needs." And, "[Family member] can be really demanding. The staff all deal with this very well and make sure she is well cared for."

All staff had achieved or were working towards recognised care qualifications. In addition, staff had completed training on subjects related to specific needs of people who used the home. This included training on subjects such as diabetes, dementia, falls and safe swallowing. This helped to ensure people were supported by staff who had the right knowledge, qualifications and skills to deliver care and support effectively. The registered manager carried out regular analysis of staff training and carried out discussions and observations with staff to ensure the training was effective.

Staff we spoke with told us and records we looked at confirmed staff received regular supervision sessions. These were a one-to-one meeting between senior staff and the staff member where performance and development was discussed. Staff we spoke with told us they felt well supported by the registered manager and senior staff. The registered manager told us they also carried out reactive supervision sessions in response to any mistakes or issues with staff performance.

At the last inspection we found the provider had not ensured people received suitable food and hydration in order to sustain good health. This was a breach of regulation 14 (Meeting Nutritional and hydration needs). Where people required a diet which would meet their specific needs, staff did not have any information recorded in order to guide them on meeting these needs. Where people were at risk of malnutrition and/or dehydration, monitoring of their food and fluid intake was inadequate. During this inspection, we found improvements had been made.

We reviewed people's care documentation which showed their nutritional needs were assessed and monitored on an ongoing basis. People's weight was monitored in line with their assessed need, in order to highlight and lessen any risks. The registered manager explained if they were concerned about someone's nutritional intake or weight loss, they would refer them to the appropriate healthcare professionals for guidance and advice. We saw people's written plans of care were updated when guidance was received, in order for staff to be guided to meet people's needs effectively.

We found meals appeared appetising and well-presented. The chef and staff we spoke with knew people's likes and dislikes. The chef prepared foods which met people's needs, for example, they made diabetic friendly foods for people who required them. People we spoke with, and their relatives, told us they were satisfied with the food and drinks provided. Comments we received included, "They do well with the food. [Family member] is on a fortified and blended diet and they manage this well. She eats really well." And, "[Family member] loves the food. What they have on offer seems to be good."

Where people were at risk of not receiving enough food or fluid, this was monitored closely by senior staff. We saw evidence charts for food and drinks were completed appropriately and reviewed by senior staff on a daily basis. This helped to ensure any change in someone's needs was identified promptly.

We saw where people had specific needs around nutrition, the service managed this well. The chef had information about people's specific needs and used this to plan what meals they prepared for them. Care documentation included additional guidance for staff about meeting people's specific needs, for example, warning signs for raised or lowered blood-sugar levels for people who were diabetic. We saw feedback from an external professional which read, 'The home are managing [person]'s needs well, taking into account the balance between her limited chewing and enjoyment of some more challenging foods.' This showed the service worked well to meet people's specific nutritional needs.

We saw documentation which showed people were supported to see other health professionals, as required. For example, we saw people were referred to doctors and district nurses if there was a need to do so. We noted care records were updated to reflect the health professional's advice. The registered manager explained they had begun to develop 'hospital passports' which contained important details about people's needs and wishes. They confirmed information was shared with other organisations when necessary. For example, if someone was admitted to hospital, information about their current health and care needs was shared, in order for people to receive care that met those needs effectively.

We looked at each area of the home to make sure it was a safe and suitable environment for people to live in. The premises were clean and tidy. We reviewed the maintenance log for the home which showed ongoing work to maintain the premises. The registered manager explained they were in discussion with the provider about a refurbishment plan for the home which had not yet been finalised. This was to ensure all areas of the home were maintained, well-decorated and provided pleasant surroundings for people who lived at the home.



# Is the service caring?

## Our findings

When we last inspected the service in August 2017, we identified concerns in relation to how the service ensured peoples' preferences were taken into account and how people or, where appropriate, others acting on their behalf were involved in reviewing the care provided.

Following that inspection, we met with the provider and received an action plan from them, which explained how they planned to make improvements for people who used the service. During this inspection, we found the provider had made improvements and was now meeting legal requirements.

People we spoke with, and their relatives, gave us consistently positive feedback about how caring the service was. Comments we received included, "The staff are friendly, everything is fine. You really could put your mum in here and know she'd be well cared for." And, "The staff are all caring in their approach, always welcoming, they offer us drinks when we come to visit. They are really good with [family member]." Another person told us, "I'm happy with the care [family member] is getting. Staff are really nice and obliging. They keep us involved and informed with everything that's going on. Staff are really understanding. We also like the fact it's a small home so we've got to know everyone. It's a lovely, homely environment."

At the last inspection, we found systems were not in place to ensure the care delivered to people met their needs and took account of their preferences. This was a breach of regulation 9 (Person-centred care). Information about people's preferences in relation to their care had not been used to inform care planning. There was no evidence available to show people or, or where appropriate, others acting on their behalf had been involved in reviewing the care delivered to them. During this inspection, we found improvements had been made.

We looked at how the service involved people or, where appropriate, others acting on their behalf in reviews of their care. Each person we spoke with and relatives we spoke with confirmed they were involved in deciding what care was provided before they moved into the home and also during regular monthly reviews. We saw care documentation included information about people or, where appropriate, others acting on their behalf, being involved in reviews of the service provided. Staff we spoke with also told us feedback was gained from people on a more informal basis each day. This helped to ensure people were involved in deciding how the service was delivered to them.

We observed staff took a kind and caring approach when delivering support to people. For example, we saw staff patiently helped one person to walk while offering positive and reassuring comments. We observed and staff told us they had time to spend with people on a one-to-one basis each day. During our observations, we noted many positive interactions between people who lived at the home and staff; lots of smiles, hugs and laughter. We observed a staff member speaking with someone who was clearly upset. The staff member took a very kind and compassionate approach to the situation and this helped to lift the person's mood. A relative we spoke with told us, "There is a tremendous amount of kindness and compassion here, it's no act. They treat everyone very well indeed."



During the inspection we saw staff respected people's privacy when delivering care and support. For example, we observed bedroom and bathroom doors were closed when personal care was delivered. People who lived at the home confirmed this took place and told us they felt staff respected them and helped to preserve their dignity.

The registered manager explained they spent time during initial assessments to assess people's communication needs so they could ensure people understood information to make informed choices. The registered manager also explained how they would ensure people with communication difficulties, such as poor eyesight or poor hearing would be supported so they could access information.

Staff had received training around equality, diversity and human rights. Staff we spoke with told us the ethos at the home was to treat each person as a unique individual. Policies and procedures the service had took account of legislation, which provided guidance for staff. This showed the provider had regard to ensuring staff upheld people's rights and people were not discriminated against when receiving a service. This was in line with legislation such as the Human Rights Act 1998 and the Equality Act 2010.

The service displayed details of advocacy services on a noticeboard in the entrance at the home. This provided people with the opportunity to contact such services privately if they wished to do so. The registered manager, confirmed if someone did not have friends or family, they would make them aware of advocacy services during the care planning process. An advocate is an independent person who can act in a person's best interests.

# Is the service responsive?

## Our findings

When we last inspected the service in August 2017, we identified concerns in relation to the care being planned and delivered not meeting people's needs. This included the provision of activities and social stimulation, personal care and ensuring care planning reflected people's current circumstances.

Following that inspection, we met with the provider and received an action plan from them, which explained how they planned to make improvements for people who used the service. During this inspection, we found the provider had made improvements and was now meeting legal requirements.

People who lived at the home and relatives we spoke with told us the care and support provided met people's individual needs. Comments we received included, "It's a good home. There's plenty going on now. More than there used to be." And, "[Family member]'s needs are definitely met. They've got to know her well. They try to get her up every day, but it's her choice." Another person told us, "We've been asked for our views and opinions and been included in meetings. There have been times when activities seemed to be lacking but we've seen an improvement. I know it's something they're working on. For example, they got [family member] involved in doing DIY around the home."

At the last inspection we found the provider had not ensured the care delivered to people met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care). Activity provision was very limited and did not reflect people's preferences. We found conflicting information in plans of care and plans of care did not always reflect people's current circumstances. During this inspection, we found improvements had been made.

We looked at what activities the home provided in order for people who lived there to receive stimulation and to maintain social health. People we spoke with, visiting relatives and staff all told us about events such as a Christmas party and the 'music man' who visited the home regularly to provide entertainment. Since our last inspection, the home had employed a dedicated activities coordinator who had helped to implement improvements with regard to activities. They had spent time with each person to try to gain an insight into what activities they would like to participate in.

We saw records which showed a variety of activities had taken place. These included, chair based exercises, which we saw people enjoyed during our inspection. Additionally, nail painting, hairdressing and hand massages were provided. We saw trips out into the local area and to the beach, trips to the illuminations in Blackpool and events at Easter and Valentine's Day had taken place. We also saw pictures and records which showed birthday celebrations had taken place, along with ball games, planting flowers and making use of the garden at the home. The registered manager explained activities were seen as a very important part of people's lives and they were continuing to develop activity provision at the home. This showed the service worked to ensure people's social needs were met by way of activity provision that was meaningful to them.

We looked at care documentation which included assessments of people's needs and written plans of care

to guide staff in ensuring their needs were met consistently. Care plans included information about people's preferences in relation to their care, spiritual needs and life histories, as well as their care needs. This helped staff to deliver safe and effective support which met people's needs and reflected their preferences. Staff we spoke with were able to describe individual people's needs and preferences in relation to how care was delivered, which matched what had been recorded.

We saw assessments of people's needs and written plans of care were kept under review and updated according to changes in people's circumstances. The registered manager explained care plans were routinely reviewed each month, but were reviewed immediately following any changes, for example, if professional advice was received or following a fall or decline in mobility. This showed the service kept people's plans of care up to date to ensure the care and support provided was responsive to their needs.

The provider had a complaints procedure, which described the response people could expect if they made a complaint about the service. Staff we spoke with told us they would assist people in making a complaint if required and would raise any concerns with the registered manager. This showed there was a clear process to handle complaints. People we spoke with had not raised any complaints but told us they felt any concerns would be addressed. One person told us, "I've no complaints. I've no issue in making concerns known, everything is sorted out straight away." A visiting relative told us, "I've never had any concerns. The standard is always good. I've got to know the owner so would tell him or [registered manager]. This is the benefit of it being a small company. It's very important and makes a difference." Another relative commented, "I've never had to raise any concerns but I know [registered manager] would sort it out, she's very good." The provider had not received any formal complaints since our last inspection.

We saw care documentation which showed end of life care had been discussed with people who lived at the home or, where appropriate, others acting on their behalf. This helped to ensure people's wishes for their final days were recorded so they could receive the care and support they wanted at that time. The registered manager explained they worked with other professionals, such as the hospice at home service, to ensure everything was in place for people to ensure they had a comfortable, dignified and pain-free death. We looked at the service's training matrix which showed staff had received overview training in end of life care.

We discussed end of life care with the registered manager and reviewed records for one person who had been receiving end of life care. They explained they had brought extra staff in previously to ensure people who were receiving end of life care were comfortable and not left alone. One person who had recently been receiving end of life care had seen an improvement in their condition due to the care and support they had received from the home. We saw this person's records included details about how they wished to be cared for and contact details for the hospice at home service.

We saw a 'thank you' card from the family of a person who had recently passed away. Written in the card was a message which included, '...would like to thank all the staff at The Chimes for their care, understanding and friendship and first class care you gave my mother [name removed] during her stay at The Chimes. Words cannot convey the appreciation we have for you all.'

## Is the service well-led?

### Our findings

When we last inspected the service in August 2017, we identified concerns in relation to the management of the home, including how the provider operated their quality assurance systems to meet their legal responsibilities.

Following that inspection, we met with the provider and received an action plan from them, which explained how they planned to make improvements for people who used the service. During this inspection, we found the provider had made improvements and was now meeting legal requirements.

At the last inspection, the service was rated as 'Inadequate' for this key question. Therefore, although the provider was meeting legal requirements when we carried out this inspection, we need to see improvements sustained over time before the service can be rated as 'Good'.

People we spoke with, their relatives and staff all told us they felt the service was well-led. Comments we received included, "The manager, [name removed], is really good. I'm happy with everything here. I can see a lot of changes have been made over the past months, for instance there's more going on now." And, "I'm on first name terms with [registered manager], it's like coming to a second home." Another person told us, "[Registered manager] has been there a little while now. She got us all to come to a meeting about the last report. She is trying her best. I'm very pleased with the manager." A member of staff commented, "Things have changed a lot. Paperwork is easier to read and more coherent. I feel very well supported and I have a good rapport with [registered manager]. Staff morale is good, which is a big change from when I started."

At the last inspection we found the provider's quality assurance systems were not operated effectively and had not identified the concerns and breaches of legal requirements we raised during that inspection. Record keeping was poor. The provider's policies and procedures had not been reviewed and updated since 2012. Oversight of the service was poor. These matters were in breach of regulation 17 (Good governance). During this inspection, we found improvements had been made.

We looked at what systems the provider had to assess, monitor and improve the service provided. We found a range of audits and checks were in place. These covered areas such as risk assessments, care planning, social needs, food hygiene, fire safety and medicines. On reviewing audits, we saw where any shortfalls were identified, action had been taken to address them. In addition to audits which were carried out by the registered manager, the provider carried out regular visits which focussed on specific areas of the service provided. Reports from these visits were recorded and communicated to the registered manager.

We looked at a sample of policies and procedures. These had been reviewed since the last inspection and had been updated to ensure they were in line with national guidance and current legislation.

In addition to audits and checks, the registered manager held regular meetings with staff, people who lived at the home and relatives and invited them, along with visiting professionals, to complete satisfaction surveys. The meetings were used to share important information about the service and to gain feedback

about the service provided to people, as were the surveys.

We saw from meeting minutes and from survey results that various topics were discussed and the level of satisfaction was very high. We saw comments which included, 'Overall I'm very pleased with [family member]'s care at The Chimes.' And, 'What a fab home. Staff are great, people who live here are happy.' Another comment read, 'Great, welcoming, quick service. There isn't anything at all they wouldn't do for us.'

We received positive feedback about the registered manager and the provider, both of whom were described as approachable, amenable and accommodating. Staff members we spoke with told us they would have no concerns in approaching senior staff with concerns and were confident they would be dealt with appropriately.

Staff we spoke with all told us the management team were visible, supportive and available to provide guidance and advice. The registered manager spent time working alongside staff to monitor the culture and performance of staff. Staff felt they were involved in shaping how the service was delivered and could make suggestions or raise concerns at any time. Staff we spoke with were clear about their roles and responsibilities. This showed the service had clear lines of responsibility and accountability and the staff team were well supported by management.

The registered manager explained and records we looked at confirmed they worked with other agencies to ensure they were providing care in line with best practice. The registered manager explained they sought guidance and advice from external professionals including speech and language therapists, dieticians, district nurses and GPs.

The registered manager and staff team had carried out a lot of work to make improvements to the service since our last inspection. We spoke with the manager and staff about the ethos of the home and the culture among staff. They were all working together towards making the home a better place for people to live and receive care and support which met their needs and protected their rights. This vision was shared amongst management and the staff team. The registered manager was keen to continue with the momentum they had built by making positive changes within the service.

From the 01 April 2015 it is a legal requirement that the home conspicuously displays its last CQC rating. We noted this was available in the entrance area of the home.