Sonic Gold Limited

The Chimes Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We inspected The Chimes Residential Home on 24 July 2015. This was an unannounced inspection. This was the first inspection since the provider registered with us on the 23 March 2015.

The Chimes Residential Home provides accommodation with personal care for up to 33 people. People who used the service had physical health and/or mental health needs, such as dementia. At the time of our inspection 31 people used the service.

The service did not have a registered manager in post, but there was a manager who had recently applied to become the registered manager. A registered manager is

Summary of findings

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 and associated Regulations about how the service is run.

We found that some improvements were needed to ensure that there were enough suitably qualified staff available and deployed effectively to meet people's needs in a timely way.

Systems were in place to monitor and assess the quality of the care provided, but some of these needed improvements to ensure that actions were identified and completed.

People received mixed experiences at mealtimes and we found that improvements were needed to ensure people's nutritional needs were assessed and monitored.

People told us they felt safe and staff understood the procedures to follow to keep people safe.

People's risks were assessed in a way that kept them safe and staff understood how to support people safely.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

People's capacity had been assessed and staff knew how to support people in a way that was in their best interests. Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA sets out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. We found that the provider and staff understood these requirements and had undertaken assessments that ensured people were supported in their best interests.

People told us that staff were kind and caring. We saw that staff treated people with respect, gave choices and listened to what people wanted.

People told us they were involved in hobbies and interests that were important to them. People were involved with the planning of their care and care was provided in a way that met their preferences.

The provider had a complaints procedure that was available and people knew how to complain if they needed to.

Staff told us that the manager and provider were approachable and improvements had been made to the way the service was managed. The provider promoted an open culture and recognised where improvements were needed.

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 not consistently safe. We found that some improvements were needed to ensure there were enough suitably qualified staff available and deployed effectively to meet people's needs in a timely way. People were safe because staff understood their risks and how to support people safely. However, some records were not up to date. Medicines were administered and managed safely.	**Requires improvement**
Is the service effective? The service was not consistently effective. People had mixed experiences at mealtimes and improvements were needed to ensure people's nutritional needs were consistently assessed and monitored. We found that staff had received an induction and were trained to carry out their role effectively. People consented to their care and staff supported people to make informed decisions. People were supported to access health professionals.	**Requires improvement**
Is the service caring? The service was caring. People were happy with the care they received and staff treated people with care and compassion. People's choices were respected and we saw people being treated with dignity and respect.	**Good**
Is the service responsive? The service was responsive. People were encouraged to participate in hobbies and interests that met their individual preferences. People and their relatives were involved in the planning and review of their care. The provider had a complaints policy available and people knew how to complain if they needed to.	**Good**
Is the service well-led? The service was not consistently well led. We found that some improvements were needed to the way the service was assessed and monitored. Feedback was gained from people who used the service and staff. Staff told us that the manager and provider were approachable and that improvements had been made to the service.	**Requires improvement**

Care Quality Commission

The Chimes 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 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.

This inspection took place on 24 July 2015 and was unannounced.

The inspection team consisted of three inspectors.

We reviewed information that we held about the provider and the service which included notifications that we had received from the provider about events that had happened at the service. For example, serious injuries and safeguarding concerns. We also gained information about the service from local authority commissioners.

We spoke with seven people, two relatives, five care staff, the manager and the provider. We observed care and support in communal areas and also looked around the home.

We viewed six records about people's care and records that showed how the home was managed. We also viewed four people's medication records.

Requires improvement

Is the service safe?

Our findings

We spoke with people who gave mixed views as to whether there were enough staff available to meet their needs. One person said, "The staff are very nice, but there's not enough of them. Evenings seem to be worse you can't find any staff". Another person said, "I am able to ring the call bell and I get the care I need" and "When I have a bath they [staff] take their time and don't rush me". A relative we spoke with said, "Sometimes there is not enough staff available, you are left at the door a while before anyone comes". Staff we spoke with told us that they felt there was enough staff available to provide the support needed. We saw that there were enough staff available to support people who were on the lower floor lounges. However, we saw there were long periods of time where people were left unsupervised on the second floor lounge after breakfast. One person asked if they could be moved to a chair and the manager pressed the call bell for staff assistance. We found that the staff were unable to assist this person in a timely way as they were supporting other people with their personal care in their rooms on the upper floor. We also saw that one person was becoming anxious and shouting, which upset another person within the lounge and there were no staff available to provide support. We spoke with the provider who told us that they would look at how staff were deployed across the service to ensure that people received the support they needed in a timely manner.

People we spoke with told us that they felt safe with the support provided. One person said "I feel safe here as there is a numbered key pad for access into the home". Another person said, "I am not good on my legs these days and I need someone to ensure I am safe and staff help me with this". Staff we spoke with had a good understanding of the various types of abuse. Staff were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the manager about their concerns. We saw that the provider had a safeguarding and whistleblowing policy available and staff we spoke with understood their responsibilities to keep people safe. We spoke with the manager who told us the actions they would take if suspected abuse was reported. The manager understood their responsibilities but was unsure of the local safeguarding procedures for reporting. They said, "I would report to the local authority and CQC but I'm not sure of the local safeguarding procedures, but I would ask the provider for advice". The provider told us that they were available at the service daily to provide support to the manager and we saw that safeguarding referrals had been made appropriately.

Staff we spoke with explained the individual needs and risks for people who used the service and how they made sure they were kept safe. Risks assessments were in place for people's individual needs such as; pressure care and falls which gave staff guidance on the support required. We saw that manual handling risk assessments were in place where people had limited mobility. Staff told us how they managed these risks and the equipment required to ensure that people were moved safely. However, we found that some of the records we viewed did not always contain detailed information that matched what staff told us and what we observed on the day of the inspection. This meant there was a risk that people may receive inconsistent care and treatment.

We saw that incidents had been recorded by staff, which included details of the incident and what actions had been taken. The manager had monitored these incidents on a monthly basis but improvements were needed to the way these were monitored as the actions the manager had taken had not been documented to ensure that staff had completed the actions required.

We saw that the provider had a recruitment policy in place and the manager undertook checks on staff before they provided support to people. These checks included references from previous employers and checks which ensured that staff were suitable to provide support to people who used the service.

People told us they were supported by staff to take their medicines and they received them when they needed to. We observed staff administering medicines to people in a dignified way and staff explained what each medicine was for. We saw that staff were trained in the safe administration of medicines and the provider had a medicines policy in place which staff told us they followed. Medicines were stored securely and there were systems in place that ensured medicines were kept at the correct temperature. We found that the provider had effective systems in place that ensured medicines were administered, recorded and managed safely.

Requires improvement

Is the service effective?

Our findings

We found that people had mixed experiences at mealtimes. We saw that some people were left to eat their meals and there was little interaction or engagement with people during the mealtimes when people needed support. We saw some people had difficulties eating their meals and there was not always staff available to assist people with their needs in a timely way. For example, we saw one person had difficulties eating with a spoon and did not see staff provide assistance or give encouragement to this person.

We saw records that showed nutritional assessments had not always been completed. One person had lost weight but there was no plan in place to give staff guidance on how to ensure they ate sufficient amounts. We saw that this person had been referred to a dietician and prescribed nutritional supplements to ensure they received sufficient amounts to eat. However, the records contained gaps with no explanation as to why this person had not received their supplements. Staff we spoke with were aware of this person's dietary needs but were unable to explain why the required supplements had not been recorded as administered. One staff member said, "They [the person] always have their supplements. It looks like it is a recording error". We spoke with the manager who told us they had completed assessments but did not know why they were not in the care plan for staff to refer to. The manager told us that this person always had their supplement and felt that it had not been recorded as required.

We carried out an observation and spoke with people at breakfast and lunchtime to understand their mealtime experiences. One person told us, "The food is variable, however if I don't like it an alternative is offered". Another person said, "I need a special diet and they [the provider] get special things in for me". We spoke with the kitchen staff who understood people's different dietary needs and they told us how they changed meals to support people's individual dietary requirements. We saw that people were offered a choice of meal by staff and staff gave people time to decide what they wanted. One person did not want the choice on offer and asked for a different meal. Staff listened and a different meal was provided. Another person was asleep and was not provided with a meal. We spoke with staff who told us that this person often had their meal later. We observed this person being supported with their meal once they had woken up.

We saw staff supporting people with decisions about their care. Where people lacked capacity to understand choices staff took their time and explained the choices available to them. Staff understood their responsibilities under the Mental Capacity Act 2005 and explained how they supported people to understand decisions that needed to be made. For example; staff understood people's individual communication needs and how to recognise what they needed in their best interests. However, we did not see any specific decision making plans in place.

The manager had a good understanding of their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS) to ensure that people were not unlawfully restricted. We saw that one person had a DoLS in place and staff we spoke with understood the support they needed to keep them safe. For example; this person frequently became agitated and wanted to leave. Staff told us how they alleviated this person's anxieties and how they supported them to remain safe within the service. One staff member told us, "We try and distract them and take their mind off their anxieties". We saw this person become agitated and staff supported them to engage in an activity, which reduced the person's anxieties. We saw that the DoLS in place matched the support that staff had told us was needed.

Staff we spoke with told us they had received training to carry out their role and that access to training had improved. One member of staff said, "I think the training is good here. I have done manual handling, infection control, fire safety and mental capacity. I have also been able to undertake NVQ's (a nationally recognised qualification)". Another member of staff said, "The training has improved a lot". We saw training records that confirmed what staff had told us. Staff also told us that they had received an induction when they started to work at the service. We saw records that staff received support and supervision from the manager. Staff told us these were helpful and gave them the opportunity to discuss any concerns and ways they could develop in their role.

People were supported with their health needs and people told us they were able to see health professionals when they were unwell. We saw referrals had been made to

Requires improvement

Is the service effective?

health professionals such as; speech and language therapists, tissue viability nurses, consultants and doctors who had been involved in monitoring and maintaining people's health and wellbeing. We spoke with a visiting professional who told us that they had seen improvements with the way the staff made referrals and highlight people's health problems. They said, "Staff have identified problems early such as when skin is reddening, which helps avoid the development of skin damage".

Good

Is the service caring?

Our findings

People told us they liked the staff because they were kind and treated them well. One person said, “Staff are very nice and helpful and you can talk to them”. Another person said, ““I like living here, staff have a laugh with you”. Relatives we spoke with were happy with the care provided and commented on the caring staff were. One relative said, “I looked around several homes, this one is very homely, very caring and friendly”. We saw that staff were patient and gave people time when they were providing support and we saw people were comfortable when they spoke with staff. One staff member said, “I love looking after people, it’s not just a job, these people deserve to be cared for”.

People we spoke with told us they were they were given choices. One person said, “I choose what I want to do. I don’t always want the food on offer and I can choose what I want”. Staff we spoke with explained how they ensured people were given choices and they respected their wishes. We saw that staff gave people choices throughout the day, such as meals, drinks and where they wanted to go and what they wanted to do. Staff gave people time to respond to questions and staff listened to people’s wishes and acted upon them. For example; we saw staff explain what activity was on offer and gave people time to choose. Staff listened and supported people to move to a quieter area of the lounge if they did not wish to be involved.

People told us they were treated in a patient and respectful way by staff. One person said, “Staff take their time and don’t rush me”. Another person told us that staff always knocked before they entered their room and gave them time to respond. A relative told us that they were given privacy when they visited their relation. They told us they were able to visit at any time and they saw that staff treated their relative in a respectful, dignified way. Staff told us that they ensured that they promoted people’s dignity and made sure that people were comfortable and asked if it was okay before they provided support. We saw staff talked to people in a way that promoted their understanding and that made people feel that their views and wishes were important. For example; we saw staff bending down to speak to people face to face and touching people’s hands to provide reassurance.

We saw that people were supported to maintain relationships with relatives. One relative told us they visited regularly and they were able to visit their relation when they wanted. One person was supported by a member of staff to ring their relative. We saw the staff member called the relative on the person’s behalf and they handed them the telephone and gave them privacy to talk with their relative.

Good

Is the service responsive?

Our findings

People we spoke with told us they were involved in various hobbies and interests within the service. One person said, "Staff do their best to suit everybody. It was hot the other day and we were in the garden with hats and ice cream it was like being at Ascot". During the afternoon the doors were closed between the large living rooms which gave people the choice of being involved in the activity or having a quiet space. We saw that people looked happy and they told us they enjoyed the exercises and music that were provided. We saw that one person had a newspaper delivered daily and staff ensured that the person was able to read it on a side table in a quiet space. Another person told us that staff assisted them to watch their favourite football team. We spoke with the activity co-ordinator who had recently been employed at the service. They told us they were arranging various activities and working with staff and relatives to ensure people were supported to undertake hobbies and interests that were meaningful to them. They said, "I want to get to know each person so I am starting to develop life histories. I am coming in tomorrow [Saturday] because I want to talk to relatives to try and get to know each resident better as a person".

People and relatives told us that staff knew what they liked and disliked and they knew how to support them in a way that met their individual needs. Staff we spoke with had a good understanding of people's preferences. Staff told us about people's life histories and how this helped them to provide individual support to people. For example; staff knew where people had lived in the past and staff were able to discuss certain landmarks and places that people could recall.

A relative told us how the staff had responded to a change in their relative's needs. They told us this person had suffered a fall and spent some time in hospital. When they returned they were not mobile but the staff had supported this person to regain their confidence and become independently mobile again. Staff we spoke with told us how they had helped this person with their mobility. One staff member said, "I feel like we have made a difference because they [the person] have their independence back". Staff we spoke with understood people's various communication needs and explained how they responded to people's individual methods of communication. We observed staff giving people time in a way that met their individual communication needs. For example; one person had hearing difficulties and staff made sure that they were close and spoke slowly and clearly so that the person could hear.

People we spoke with told us they knew how to complain and they would inform the manager if they needed to. One person told us, "I am able to speak to the manager; she listens and does her best to help". Relatives we spoke with also knew how to raise a complaint and told us that they were comfortable raising any issues with the manager. The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. The manager had a complaints log in place, but there had not been any complaints received.

Requires improvement

Is the service well-led?

Our findings

We saw that the provider did not have a staffing dependency tool in place to assess the required level of staff to meet people's needs. The provider told us that since they had taken over ownership of the service they had implemented another member of staff in a morning as they had received feedback from staff that it was very busy at this time. We were also told that the staffing levels were being monitored daily by the manager and they will assess the information and feedback provided from the inspection to ensure there were enough staff available to meet people's needs in a timely way.

We saw that the provider had systems in place to monitor the quality of the service provided. Various audits were carried out on a monthly basis such as; care plans, staff files, health and safety and medicines. However, we found that some of the systems were not always effective. For example; the medicine audit in place contained an observation of medicine administration and how medicines were ordered and stored. However, the audit had not identified that there were two medicines in the medicine trolley that were no longer being used and needed disposing of. This was because the audit tool did not include a stock check of the medicines stored at the service. The manager told us that they would ensure that a monthly stock check was undertaken and they were still developing some of the monitoring systems in place.

Training competency questionnaires for staff after they have attended training had been implemented after a shortfall in staff knowledge had been identified by the manager. The questionnaires identified when staff needed further training to update their knowledge and we saw records that confirmed this had been completed. Staff told us they had completed these questionnaires and felt that it had been useful to undertake refresher training. Spot checks had been undertaken by senior staff to ensure staff were competent in their role and were providing the care required.

People and relatives had been involved in giving feedback about the service. We were told that there had been improvements made to the home recently and people told us that they felt listened to and their concerns were acted on. Staff told us that they had been involved in meetings to discuss updates and any development needs or areas of clarification. The records we viewed confirmed this.

People we spoke with told us that the manager and provider were very approachable and accessible. One person said, "I can go to the manager if I need anything they are very nice" Another person said, "I know who the owners are and they always have a chat with me and ask how I am". Staff we spoke with told us they could approach the manager with any problems they had and the manager was responsive and listened to their feedback. Staff also felt that improvements had been made within the home since the new provider had been in place. One member of staff said, "Management are supportive, I can go to them with any problems". Another member of staff said, "I feel supported by the manager and I can go to the manager with any concerns. I feel that things are improving".

The manager told us that they had an open door policy and people, staff and relatives could approach them if they had any concerns. The manager also told us there had been improvements to the service and they were able to approach the provider for guidance if needed. They said, "The providers are really helpful and they are at the service daily to answer any queries. They listen to what I need and take action when needed". We spoke with the provider who told us that they were constantly working towards raising the standard of care provided. The provider told us that there aim was 'to ensure people's dignity is respected in an environment that is friendly warm and supportive and to ensure that people get the best care possible'.

We saw there was an improvement plan in place that had been implemented by the provider. We saw where improvements had been made and there had been regular discussions with the manager to ensure that actions had been completed. For example; the provider had identified that there was not enough stimulation for people and an activity co-ordinator had been employed at the service. The provider told us that they were open to any feedback received so that they can make the improvements required.