

Crosscrown Limited

# The Chimneys Residential Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The Chimneys Residential Care Home 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 care home accommodates up to 26 people in one adapted building. Twenty-four people were living at the home at the time of our inspection visit.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good in all five questions and Good overall.

There was 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.

Since our previous inspection in January 2016 we have reviewed and refined our assessment framework, which was published in October 2017. Under the new framework certain key areas have moved, such as support for people when behaviour challenges, which has moved from Effective to Safe. Therefore, for this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

People were protected from the risks of abuse because staff were trained in recognising and reporting any safeguarding concerns. The registered manager checked staff were suitable for their role before they started working at the home and made sure there were enough staff to support people safely. Medicines were stored, administered and managed safely. The housekeeping staff followed best practice guidance to keep the home clean.

Risks to people's individual health and wellbeing were identified with the person and their representative and care was planned to minimise the identified risks. The provider and registered manager regularly checked that the premises, essential supplies and equipment were safe for people to use.

People were cared for and supported by staff who had the skills and training to meet their needs effectively. People were supported to eat and drink enough to maintain a balanced diet that met their preferences.

People were referred to other healthcare services when their health needs changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People, relatives and staff felt well cared for. The registered manager and staff understood people's diverse needs and interests and encouraged them to maintain their independence according to their wishes and abilities. Staff were happy working at the home. People were supported and encouraged to maintain their interests and to socialise in the home and in the local community. Staff respected people's right to privacy

and supported people to maintain their dignity.

People and relatives knew the manager well and were confident any concerns or issues they raised would be dealt with promptly. People and their relatives were encouraged to share their opinions about the quality of the service. Staff were inspired by the registered manager's leadership, skills and experience to provide a quality service. The service people received was in accordance with the fundamental standards of care.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# The Chimneys Residential Care Home

## **Detailed findings**

### Background to this inspection

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

The comprehensive inspection site visit took place on 4 and 5 January 2018 and was unannounced. One inspector and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). 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. We used information the provider sent us in the PIR in our inspection planning.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection visit we spoke with six people who lived at the home, five relatives and visitors and a visiting healthcare professional. We spoke with three care staff, the cook, a housekeeper, an activities coordinator, the registered manager and the provider's area manager.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time. We reviewed two people's care plans and daily records, three staff

recruitment files and management records of the checks the registered manager made to assure themselves people received a safe, effective quality service.

# Is the service safe?

## Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection in December 2015, and the rating continues to be Good.

People told us they felt safe because they trusted the staff. One person told us, "The staff are good and pretty attentive" and a relative said, "This is the safest place that [Name] has ever been." Staff received training in safeguarding and understood the provider's policies for safeguarding and for reporting any concerns about abuse through the whistleblowing procedure. They told us they had no concerns about how staff supported people, but would share any concerns with the manager. Information about the local safeguarding authority, and how to raise concerns, was posted in the entrance hall for anyone to read. The registered manager understood the requirement to notify us if they made a referral to the local safeguarding authority.

Staff were recruited safely, in line with the guidance for safe recruitment of staff who work in social care. The provider's recruitment process included making the pre-employment checks required by the regulations to make sure staff were suitable to deliver the service. Staff were observed in practice, to check they delivered care safely before they worked independently with people

People's plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of staff needed, and the actions staff should take, to minimise risks to people's health and wellbeing. People's care plans were regularly reviewed and their risk assessments were updated when their needs and abilities changed. Staff told us the information in people's care plans, combined with staff skills and the equipment provided, enabled them to minimise risks to people's individual health and well-being.

The provider's policies to keep people safe included regular risk assessments of the premises and testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. Staff told us their knowledge and understanding was regularly tested during fire drills. Staff told us repairs and replacements to the premises were undertaken promptly. The maintenance team also checked and regularly serviced the mobility equipment that people needed, to ensure it was safe to use. People's care plans included their personal evacuation plans for staff support in the event of an emergency. One person told us, "We practice the fire alarm from time to time." Staff told us they felt well prepared to act effectively in an emergency situation.

People told us there were enough staff to support them when they needed it and to help them maintain as much independence as possible. The registered manager analysed people's abilities and dependencies to ensure there were enough staff on duty to meet people's needs. Staff told us there were always enough staff and they never felt rushed. They said the staff worked as a team and covered each other's unplanned absences due to sickness. At lunch time we saw there were enough staff to support people who needed assistance to eat, without rushing them.

Medicines were managed and administered safely. One person told us, "The staff do my medicines and they make sure that I take them all." Medicines were stored in a locked cupboard and trolley, or in a locked medicines fridge, in line with the manufacturer's instructions. Medicines were delivered in 'blister' packs, colour coded for the time of day, with an individual Medicines Administration Record (MAR), which minimised the risks of errors. Only trained and competent staff administered medicines. The MAR sheets we reviewed were signed as 'administered' in accordance with people's prescriptions.

People were protected by the provider's policies and procedures for the prevention and control of infection. People told us the home was always clean and tidy. The premises were kept clean by trained housekeeping staff. Unanticipated staff absences were covered by trained housekeeping staff from another home in the provider's group of homes. This ensured the same standards of cleanliness were always maintained. The cook regularly checked the temperature of the fridges and freezers, as well as the temperature of deliveries and meals at the point of serving. This ensured food was prepared, stored and served at safe temperatures. The home had been awarded the highest rating, 5, for food safety, at the most recent FHRS inspection.

The registered manager analysed accidents, incidents and falls, to identify any patterns or actions they could take to minimise the risks of a reoccurrence. When their analysis showed one person had fallen twice in their own room, they identified the cause as 'the person forgot to use their walking frame'. The registered manager had placed a pressure sensor mat in their room, which alerted staff, so they could immediately remind the person to use their frame to support them when walking.

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection in December 2015. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

Care plans included risk assessments using recognised risk management tools, in line with NICE guidance. People's needs were assessed using nationally recognised risk assessment tools, such as the MUST tool to assess people's nutritional risks. Risk assessments included a comprehensive dementia assessment, which diagnosed the potential impact of dementia on the person's abilities, mood, appetite and behaviour. Staff told us people's care plans enabled them to understand people's needs and abilities and the actions they should take to support people.

People and relatives told us staff had the right skills and attitude to support them effectively. One person told us, "The staff know what they are doing, they are well trained." A relative told us their relation had been supported to start walking again, after becoming immobile in hospital. Staff told us they were provided with all the training they needed to be confident in their practice. New staff worked with experienced staff during their induction period, to make sure they understood people's individual needs and preferences. Staff told us they knew people well, because they worked with them regularly. They shared information about how people were and any changes in their needs during the staff handover meeting when the shifts changed.

Staff were introduced to the fundamental standards of care as set out in the Care Certificate during their probationary period and worked towards nationally recognised qualifications in health and social care. The registered manager regularly worked with staff, delivering personal care, so they were able to continuously guide and mentor staff. Staff attended regular team and individual meetings with the registered manager to discuss people's and their own needs for support.

People told us the food was good and they always had a choice. They said they were offered drinks and snacks throughout the day. People's care plans included information about their dietary needs, and any cultural or religious preferences for food. The cook had a list of people's individual needs, preferences and allergies to make sure they planned meals that people would enjoy. At lunch time people were encouraged and supported to eat together, which made lunch a social occasion. At the time of our inspection visit, the dining room was being refurbished, but staff brought the dining tables and chairs into the lounge, to ensure people were supported to maintain their routines.

Staff monitored people's appetites and weight and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. People's care plans included details about their medical history and their current medical risks and needs, to enable staff to identify any signs of ill health. Records showed staff made sure people saw their GPs to check whether changes in their mood or appetite were signs of changes in their health. A visiting healthcare professional told us the registered manager and staff were effective in following their advice to support people's healthcare and treatment.

Staff supported people to maintain their health through regular appointments with healthcare professionals, such as dentists, opticians and chiropractors. The registered manager had arranged for community nurses to store people's treatment records safely in the office, which enabled effective sharing of information. Staff told us they accompanied people at specialist appointments at hospital, if a family member was not able to attend with them, to make sure they were supported effectively. Staff told us people had a 'hospital passport', which they took with them if they stayed in hospital, because it explained their needs and abilities for the hospital staff.

The home was adapted, decorated and furnished to meet people's needs. There was a separate dining room and two lounges. We saw people chose which communal rooms they spent time in and most people chose to socialise in the lounge, where shared activities took place. At the time of our inspection, the premises were being redecorated in light coloured walls and plain carpets, in line with guidance for good dementia care. People had been consulted about their preferences for how to use a donation that would benefit everyone. They had agreed they would like a wide screen television, to improve their viewing experience. People had televisions in their own rooms, so were able to watch their preferred programmes at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 registered manager understood their responsibilities under the Act, and when necessary for people's safety, applications had been made to the local authority to deprive people of their liberty. Records showed the manager involved people's representatives when decisions needed to be made in their best interests.

People told us they made their own decisions about their day-to-day care and support, and staff respected their right to decide. People who had the capacity to discuss and agree how they were cared for and supported had signed their own care plan, or asked their representative to sign it. Staff had training in the MCA and understood the importance of supporting people to make their own decisions. Staff told us they always prioritised people's individual preferences, because, "We can't force people." Relatives told us they were involved in the decision making process when decisions needed to be made in people's best interests

## Is the service caring?

### Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection in December 2015, because they felt staff cared about them. The rating continues to be Good.

Everyone we spoke with told us they felt well cared for because the staff were kind and caring. They told us, "The staff are very helpful" and "The staff are alright. They have a good sense of humour." A visiting healthcare professional told us, "There's always a nice atmosphere and the staff are always pleasant." The healthcare professional and a member of staff told us they would be happy for their parents to live at the home.

The staff had worked at the home, or at another of the homes in the provider's group, for several years, so they shared the same values. The provider's vision and values of, "Respect privacy, dignity, care, love, as for our own family", were explained to everyone in a booklet in their bedrooms. Staff demonstrated the provider's vision and values, to put people at the heart of the service, in their attitude, behaviour and approach to care.

Staff told us they enjoyed working at the home, because they supported the same people regularly so they could get to know their individual likes, dislikes and preferences. A member of staff told us, "I love it here. Looking after people is my passion." The provider's 'keyworker' policy, made sure that each person had a named member of staff to look after their interests, deliver personal care and to develop a relationship of trust. Care staff were supported by activities, domestic and catering staff, which meant they could focus solely on supporting people according to their individual needs, abilities and preferred routines.

One activities coordinator told us their role was to support people with one-to-one activities, particularly if they did not have regular visits from family or friends. They told us their role was, "To make people feel better about why they are here." The member of staff told us they were able to, "Put myself in their shoes and imagine what it would be like to live here." They viewed their role as a 'befriender' and spent time with people talking, holding hands, playing games and offering the same kind of support and friendship as a person's family would give.

One person told us, "I was asked about my needs when I first came here, especially about the food."

We saw people continued to be involved in making day to day decisions about their care and support throughout our inspection visit. A relative told us staff had been very approachable when they had made a suggestion about their relation's preference in relation to personal care. The relative told us staff showed a willingness to adapt the person's routine to accommodate the change, which gave them confidence to share other suggestions.

People's care plans included the person's religion, culture, occupation, family and significant events and invited people to express their sexuality if they wished to share this information, which helped staff to understand people's habits and motivations. A member of staff told us, "People's care plans explain their religious and spiritual needs." Staff told us they felt enabled to support people to maintain their individual

personal, cultural or religious traditions because they had training in equality, diversity and human rights.

People's communication needs and abilities were assessed and the support they needed to communicate effectively was described in their care plan. Staff were knowledgeable about the importance of supporting people to communicate. For example, one person only responded to staff's questions, if the staff wrote the question down, and they would write down their answer. All the staff we spoke with knew this preference and supported the person as requested.

People told us staff respected their privacy and promoted their dignity by encouraging them to maintain their independence and have choices about their lives and lifestyles. One person said, "The staff respect my views and they do explain to me what's going on". People's care plans included a section for 'factors to maximize contentment' with guidance for staff about supporting people to maintain their preferred routines and how to promote their privacy and dignity.

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection in December 2015. The rating continues to be Good.

People told us staff understood them well, responded to them as individuals and took an interest in their thoughts and life stories. People's care plans included a brief life history, which included information about the person's work and home life, their important relationships and any cultural or religious beliefs and traditions. This enabled staff to get to know people well and to understand what was important to them.

Staff knew people's preferences for how they spent their time and understood how to support people's diverse, needs effectively. A relative told us, "[Name] has enjoyed being here. They can socialise with the others." The person was able to pursue their hobby and benefited from other people appreciating their artistic talent and skill. The provider employed two activities coordinators to make sure people had opportunities to engage in one-to-one pastimes and to socialise at the home and at outside events. The activities coordinators kept records and photo albums when people took part in craft work, team games and social events, which helped people to reminisce about the recent past.

We saw photos of people taking part in a variety of activities, such as gardening, flower arranging, dancing, painting, enjoying music and exercise sessions. The list of activities that had been planned for the month was displayed in reception, so people could plan ahead. The list included quizzes, board games and singing. During our inspection visit, people were supported by activities staff to take some gentle 'armchair exercise' before lunch. Relatives were welcome to visit at any time and some relatives visited every day.

Staff kept daily records of how people were and how they spent their day. People's daily records reflected their care plans and their stated preferences. Relatives told us they felt well informed and involved in their relation's care. When changes in people's needs or abilities were identified, their care plans were updated. The registered manager regularly reviewed people's care plans to make sure any changes in their needs and abilities were included in an updated care plan.

People told us they had no complaints, but were confident any complaints would be taken seriously and resolved promptly. Staff's photos, names and roles were displayed in the hall, which gave people and relatives an understanding of staff's responsibilities and encouraged them to make their views known. The registered manager had responded promptly to a formal written complaint, apologised to the complainant and taken action to minimise the risks of a reoccurrence of the circumstances that had led to the complaint.

People's care plans included their wishes and preferences for how they would be cared for at the end of their life, where the person or their relatives were happy to discuss this eventuality. Care staff told us they had training in supporting people at the end of their life and understood the importance of effective pain relief. Staff told us, "We listen to people about their hopes and preferences, beyond what is written in their plan or what families tell us." Staff said they used their own experience of grief to support others. Staff said they felt they could express their own sadness to the registered manager, because they understood how

bereavement impacted people and staff's well-being.

## Is the service well-led?

### Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection in December 2015. The rating continues to be Good.

The home was well-led. The registered manager and staff shared the culture as promoted by the provider, which was for 'all staff to remember they worked in someone's home'. The cook told us the provider's policy of 'treating people as if it were their own home', included no limits to the food budget. The cook was able to buy whatever foods people said they would like to eat.

The provider conducted regular surveys of people, relatives and healthcare professionals, to obtain their views of the quality of the service. The most recent survey showed everyone who responded was happy or very happy with all aspects of the service. The provider had posted the results of the survey in an open letter in reception. Positive comments in the survey included, "Staff and management are always courteous and professional with a lovely attitude towards [Name]" and "Thank you for ensuring [Name] is cared for with dignity and compassion."

The registered manager and staff shared the provider's values to put people at the heart of the service. People and relatives told us, "I see the manager most days. They work very hard. I do speak to them and they listen to me" and "The manager keeps me informed. They always ring me up." Staff told us they liked working at the home, because, "The organisation is supportive" and "Staff have a genuinely caring attitude and get on really well."

The manager had been registered with us since April 2013. They understood their legal responsibilities and sent us statutory notifications about important events at the home. The ratings from our previous inspection were displayed in the entrance hall for anyone to see. Staff trusted the registered manager and felt empowered by their professional and caring leadership, which motivated them and gave them confidence in their practice. Staff told us, "[Name of registered manager] is supportive. If we ask, they will sort it out" and "It's nice to work somewhere where the team works."

A visiting healthcare professional and the commissioners of care gave us positive feedback about their experience of the service and the registered manager's commitment to good quality care. Their comments included, "The registered manager works really hard and is very well organised" and "The manager was on the pulse all the time."

The registered manager conducted regular audits of the quality of the service. They checked people's care plans were regularly reviewed and up to date, that medicines were administered safely and that the premises and equipment were safe, regularly serviced and well-maintained. They had issued cleaning schedules for daily, weekly and monthly cleaning tasks for the housekeeping and kitchen staff, to make sure nothing was overlooked. The provider's area manager made regular quality monitoring visits to the home to make sure the quality of the service was maintained across the group of homes.

The provider was proactive at maintaining the quality of the premises. They redecorated and refurbished the fittings, fixtures and furniture in consultation with people who lived at the home. People were invited to regular meetings to make sure they had the opportunity to make their preferences and choices about the premises, housekeeping, meals and social activities known. People told us, "We have a residents' meeting every week and we get the chance to make suggestions" and "I was told about the alterations that are going on. They explained it all to me."

The local commissioners of social care told us the registered manager was proactive at seeking support and maintained positive relationships with professionals from partner agencies. The local commissioners had received positive feedback about the registered manager from social workers and community nurses during their recent visit.