

Chimnies Limited

# Chimnies Residential Care Home

## Inspection report

Chimnies  
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Rochester  
Kent  
ME3 9PD

Tel: 01634270119

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Chimnies Residential Care Home (Chimnies) is a care home providing accommodation and personal care for up to 29 people, some of whom may be living with dementia. People live in an adapted house over two floors, with a lift connecting the floors. The service sits in a small village with views across open fields. At the time of our inspection 19 people were living at Chimnies.

### People's experience of using this service and what we found

Since our last inspection, management had worked hard to improve the service and as such the care people received. We found big improvements during this visit and work was continuing to embed the positive changes into daily working practice. Staff were positive about the effect the changes had had on the service.

The registered manager acted promptly to address a couple of areas that we identified needing further work. This included following the requirements of safe recruitment and identifying and recording all risks to people. We have made a recommendation to the registered manager in these areas.

People were happy living at Chimnies. They told us staff were kind and caring and they did not have to wait long to receive staff input if they rang their bell.

People felt safe and staff were aware of how to recognise abuse and report it correctly. Where people had accidents and incidents these were recorded and action taken to address them.

Risks to people had been identified and staff followed guidance to help keep people free from harm. People were supported with their medicines and provided with sufficient food and drink. Staff involved health care professionals where needed to help people maintain a good level of health.

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

People lived in an environment which was clean and safe and people said they could choose how and where they spent their time. People were cared for by a staff team who were trained in their role, worked well together and enjoying working at Chimnies. Friendships had formed between people and staff and people got on well together.

The registered manager gave people the opportunity to be involved in the service and retain their independence where they could. The registered manager supported staff and worked with external agencies and professionals to support people's care needs. The registered manager had plans on how to further improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Inadequate (published 18 March 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 18 November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18 November 2021. Breaches of legal requirements were found that related to safe care and treatment, staffing, good governance, and safeguarding service users from abuse and improper treatment. The provider completed an action plan after the last inspection to show what they would do and by when to improve

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chimnies Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation to the registered provider in relation to risks for people and recruitment processes.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Chimnies Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a focused inspection to check whether the provider had met the requirements of the Conditions we have placed on the provider's registration in relation to Regulation 11 (Need for consent), Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors.

#### Service and service type

Chimnies Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chimnies Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We spent time observing the interactions between people and staff in communal areas of the home, in order to help us understand people's experiences.

We spoke with 11 people who used the service and one relative. We spent time observing care and reviewing care records to help us understand the experience of people who could not talk with us. We spoke with six members of staff including the registered manager and care staff as well as the consultant who has been working with the service to make improvements. We spoke with two visiting healthcare professionals.

We reviewed a range of records which included seven people's care plans. We looked at medication records and four staff files in relation to recruitment. We reviewed accident, incident and safeguarding processes, nutrition and meetings, and a variety of records relating to the management of the service, including provider improvement plans. Following the inspection, we received further information from the registered manager that we had requested. This included training records, audits, equipment servicing records and accident and incident analysis records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant there may be a risk that people are not always safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection, we found there was a failure to protect people from risks related to fire and the environment. We also found individual risks had not been assessed or care planned to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014. At this inspection we found sufficient improvement had been made and the provider was no longer in breach of this regulation, although we have made a recommendation to the registered provider to continue to work on this.

- Although risk assessments were in place for people which identified the potential risk to the person and how staff could help to reduce that risk, we saw one person lying flat in their bed eating biscuits. This person had full capacity and therefore could make their own decisions but this left them at potential risk of choking. We alerted staff and management and staff instantly went to support the person to sit up. A new risk assessment was drawn up immediately and staff made aware of it. We saw the person sitting correctly when they had other food and snacks during the day.
- We also observed in some people's rooms their windows did not have window restrictors. This left them at risk of possible harm, should they open their window too wide. We informed the registered manager who ordered and had fitted restrictors for these windows within two days of our inspection.

We recommend the registered provider regularly reviews information around potential risks for people living in their service.

- Other risk assessments were in place for people. One person found it difficult to use stairs and they had been given a downstairs bedroom to reduce any risk of falls. A second person needed staff to move them with a hoist and there were prompts for staff on the size of the sling and loops to use in the person's care plan.
- We checked documentation in relation to the safety of the environment. Monthly water temperature checks were completed, maintenance issues recorded and actioned, electrical tests carried out and equipment serviced annually.
- At our last inspection some aspects of the fire safety for the service were not safe. Since then, the registered manager had arranged for an independent fire assessor to carry out a safety review. Shortfalls were addressed, a new fire system installed and the rating for the fire safety reduced from substantial to moderate.
- People had individual fire risk assessments in place in a grab folder for the emergency services. This gave

information on the assistance each person needed in the event of an evacuation. Staff told us they had practised using fire evacuation equipment and had completed training.

## Staffing and recruitment

At our last inspection we found a failure to deploy a sufficient number of staff to care for people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient improvement had been made at this inspection and the provider was no longer in breach of this regulation, although we have made a recommendation to the registered provider in relation to their recruitment processes.

- Staff went through a recruitment process before commencing in their role in Chimnies. This included a full work history, performance in previous jobs, evidence of their right to work in the UK and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we found the registered manager had not always followed guidance around good recruitment practices. This was because prospective staff had not given information about their fitness to carry out the role. The registered manager addressed this during and immediately following our inspection.
- We also found the registered manager did not hold profiles for all agency staff working at the service. Again, they rectified this immediately. Agency staff received an induction when arriving at the service. They were introduced to everyone living at Chimnies and shown the fire procedure.
- People were happy at the service and felt there were sufficient staff around to attend to their needs. We were told, "I only have to press my bell and they come", "I have my call bell, they are nice and very helpful" and, "Usually they are busy but when they have five minutes they will spend time with me." Other people said there were always staff around and they were very kind.
- Staff were seen throughout the day attending to people's needs and we were not aware of anyone having to wait to receive care.
- Staff were heard chatting to people in a kind way and showing an interest in them. An activity took place in the morning and there was a lot of laughter and good humour between the staff member and people. They encouraged everyone to participate and it was enjoyed by all.
- Staff felt there were enough of them on duty to meet people's needs. We were told, "There are always enough staff."

## Systems and processes to safeguard people from the risk of abuse

At our last inspection we found a failure to protect people from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- People said they felt safe. We were told, "I feel a lot safer here than I did at home" and, "There are always care workers around." A relative said, "The staff are always there helping her and she has her call bell."
- Staff had received training in how to recognise potential abuse and put this training into practice. Records were kept and body maps completed where unexplained bruising had occurred for example and staff reported concerns to their line manager. Staff told us, "If I saw any unexplained bruises I would report it to



the senior, complete an accident report and a body map" and, "I would report it to the senior."

- The registered manager worked with the local authority to investigate any incidents of potential abuse. A healthcare professional told us, "I have no safeguarding concerns."

### Using medicines safely

At our last inspection, we found a failure to follow good medicines management practices. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient improvement at this inspection and the provider was no longer in breach of this regulation.

- People received the medicines they required and people told us staff helped them with their medicines. One person said, "Staff bring me my medicines and I can ask for pain relief."
- Staff were seen carrying out the medicines round competently, checking with each person if they would like pain relief and taking an interest in how they were feeling.
- The medicines trolley was well ordered and each person had a medicine administration record (MAR). This included the person's photograph for identification purposes as well as information on any allergies. Staff did not sign a person's MAR until they had ensured the person had taken their medicine.
- Where people had 'as required' medicines, staff had developed protocols to record how this person may express any pain and how these medicines could be given.

### Preventing and controlling infection

At our last inspection, we found staff had failed to follow good infection control practices. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
  
- This registered manager was aware of the latest guidance in relation to visiting in care homes and they had applied this guidance in practice. Visitors were able to come into the service to meet with their family members.

### Learning lessons when things go wrong

- Accidents and incidents were recorded both in the daily notes and also on a specific form.
- The registered manager reviewed accidents and incidents on a monthly basis to look for themes or trends in order to take action and learn lessons.
- One person suffered from recurrent falls. Staff had engaged external professionals to support with ways to

help address this.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection, we found a failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and to maintain accurate records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Record keeping had improved since our last inspection. People's care plans were more detailed and better organised to give sufficient information for staff to know how to care for people.
- People's care plans had some background information on the person to help staff to get to know them, as well as the pre-assessment information recorded prior to them moving into the service.
- Nationally recognised tools were used to support staff to care for people. For example, to check people's weights or their risk of pressure sores.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we found a failure to follow the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Where people lacked capacity to make a decision, staff followed the principles of the MCA. Capacity

assessments were in place and there was a record of any best interests discussions or decisions. DoLS applications had been submitted where appropriate.

- One person took their medicines in food and evidence was available to show their capacity had been assessed, a best interests decision made and giving the medicine in this way had been agreed by the GP and pharmacist.
- Staff received training in the MCA and told us it meant "checking if people can make their own decisions".

Staff support: induction, training, skills and experience

At our last inspection we found a failure to provide appropriate training to staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Since our last inspection, the registered manager had moved training providers and now used an on-line service for most of the staff training, although they told us, "For moving and handling and basic life support, we had someone in to lead the training."
- Staff carried out their role in a confident and competent manner through the day. They told us they received training appropriate for their role and they enjoyed the training. We were told, "We have regular updates, we have done hoisting training face to face, safeguarding and diabetes" and, "I've done Parkinson's and epilepsy training. I did a medication course. The moving and handling training was theory and practical – it was good and very interesting."
- Staff had the opportunity to meet with their line manager on a regular basis. Staff said they felt supported, telling us, "Supervisions are useful. We have staff meetings and everyone gets on. There is a good atmosphere (amongst the staff team)."

Supporting people to eat and drink enough to maintain a balanced diet

- People were happy with the food provided to them. One person said, "The food is very good, but just too much for me, I can't eat it all." A second told us the meal they had was "lovely".
- Where people had specific needs in relation to their eating/diet, these were known by staff. One person had a detailed diabetes care plan in place. Another person was placed on a food chart as they were losing weight. A staff member said, "We have to make sure that [person's name] food is cut up and we have one person who likes to have gluten-free food."
- People were seen eating their meal in a place of their choice. One person told us they liked to eat in their room and another said they preferred to sit quietly in the lounge area, rather than the dining room.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was evidence of staff working with external agencies to support people to remain as healthy as possible and to address any needs they had in relation to their health. One person said, "The doctor did come in for my legs. I had antibiotic tablets and special cream." A relative told us, "There are kind, caring staff who are very swift getting out the GP if needed."
- People had been referred to the GP, dietician, chiropodist, physiotherapist and district nursing team. One person with diabetes had an annual eye screening check and another was referred to an audiologist to have their ears syringed. A healthcare professional told us, "Communication between the home and us is good." A second said, "They (staff) know their residents well and always give a good history."
- Where people were at risk of losing weight, staff increased their monitoring of the person. The dietician advised to weigh someone weekly instead of monthly and we saw that had happened until the person's

weight was steady.

Adapting service, design, decoration to meet people's needs

- The service had separate communal areas, giving people choice on where they spent their time. One person preferred to sit in the 'quiet' lounge area telling us, "I never get bored, I just love the television. I sit in here because I can control what I watch."
- People were provided with suitable equipment to help retain their independence. We saw people with mobility aids and in wheelchairs. People could self-propel themselves in order to move around the service. A lift was available to those living on the upper floor.
- People's rooms were personalised and some were furnished with their own items. Rooms were comfortable and some people chose to spend their time in them throughout the day, rather than use the communal areas.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the registered provider had failed to operate a robust quality assurance system to monitor the care people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements to the processes and systems and the provider were no longer in breach of Regulation 17, although improvements were still being imbedded into daily practice.

- A lot of work had taken place since our last inspection to address the shortfalls we had found. The registered provider had engaged a consultant to support them with this. The registered manager told us, "We have promoted three senior staff to head seniors. One will go through medicines and audit and they have all asked to take over writing the care plans. They are very competent."
- We were told care plans had been re-written to review risks and other aspects of a person's care, for example, their capacity. Staff said, "We have done a care plan course on-line. We have more of a role helping [registered manager] and it works well."
- The service had worked with external professionals to help guide them follow good practice. The registered manager said, "We had the Clinical Commissioning Group pharmacy team visit to audit our medicines practices. As a result, we have changed the way medicines are counted. We have completed a health and safety audit on the building and found the bath sides needed replacing. A new fire system was installed."
- Internal as well as external auditing was completed around medicines and other areas of the service, with the local pharmacy identifying no concerns. A food hygiene inspection had identified three areas requiring action and we saw these were addressed promptly.
- The registered manager carried out unannounced night visits to monitor the performance of staff working on these shifts and they had developed an overarching action plan for the service which they were working through.

At our last inspection we had not been notified of accidents and incidents in a timely manner which is a requirement of registration. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found improvements had been made and the provider were no longer in breach of Regulation 18.

- Notifications of accidents, incidents or any safeguarding concerns had been received by CQC in a timely manner.

#### Continuous learning and improving care; Working in partnership with others

At our last inspection the registered provider had failed to update and improve their practice to continually understand the quality of the service being delivered. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the registered provider was no longer in breach of this regulation.

- On top of the work to address the shortfalls we had identified during our last visit, the registered manager had identified other areas which could improve the service. They had booked themselves onto leadership training, given the kitchen staff dysphagia/thickeners recipes for fortifying foods and refreshed the staff safeguarding training.
- In addition, they planned to move to an electronic care planning system and the registered manager had already had demonstrations on some programmes.
- The registered manager worked with the local council in relation to any safeguarding concerns, or new care packages. The last meeting held with them in May 2022 noted all safeguarding concerns had been closed.
- The registered manager had attended Skills for Care meetings and been to some registered manager's conferences.
- Although there was little in the way of community links, a local clergyman kept in touch by email and planned to hold services at Chimnies once they were able to cross the threshold.
- Resident meetings took place to give people the opportunity to give their feedback and surveys were completed to enable anyone involved in the service to give their views on the care provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People liked living at Chimnies and it was clear from observing people that they had formed good friendships with each other. There was laughter between people and easy-going conversation, particularly at lunchtime. One person said, "I have several good friends here. I keep busy with knitting and colouring."
- One person liked to take a walk outside each day to look at the donkey and horse which were in the paddock next door. Other people told us they preferred to stay in their rooms and staff took the time to come and talk to them. One person told us, "Staff come and tell me what they've been up to."
- People said they felt nothing could change to make their lives better at Chimnies. Comments included, "It's all very good" and we read a compliment which said, 'thank you so much for the way you looked after [person]. He was treated like lord of the manor and we could tell just how happy he was'.
- People said the registered manager and staff were good. One person told us, "She (the registered manager) is very nice." A relative told us, "It (the service) does the job. There is a relaxed atmosphere. [Registered manager] does a very good job. She is very helpful and approachable."
- Staff enjoyed working at Chimnies. They told us, "Communication between staff is really good. Staff are ready to help (each other). We work well as a team. [Registered manager] is a very nice woman. If I have any concerns I can go to her. Chimnies is a fantastic place. It is very relaxed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a complaints policy displayed for people. This was typed as well as in pictorial format. People told us they would not hesitate raising any concerns with the staff. A relative told us, "I would definitely feel

comfortable to raise any complaints. Communication is good."

- Few complaints had been received, however where they were the registered manager took these seriously and investigated them, apologising when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A range of meetings were held to discuss all aspects of the service. This included day staff meetings, medication meetings, night staff meetings and residents meetings.
- The latest residents meeting recorded people felt the food was 'thoroughly enjoyable' and that they were happy with the drinks on offer. People had asked for corn beef hash to be included on the menu and a summer party. The registered manager told us since these meeting, corn beef hash had been served and that they had a Jubilee party as well as a couple of tea parties outside.