Cornwall Care Limited

Chyvarhas

Inspection report

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Date of inspection visit:
28 March 2017
30 March 2017

Date of publication:
26 May 2017

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 28 and 30 March 2017 and was unannounced. Chyvarhas provides care for people who may require nursing care and for people who are living with dementia. Chyvarhas is owned by Cornwall Care and provides care and accommodation for up to 40 people. On the day of the inspection 33 people lived in the home.

A manager was employed to manage the service who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
The provider did not always act to keep people safe. People's call bells were not always connected or within their reach which meant they were not able to call for assistance should they need it. Staff were not always aware of how to help alleviate people's anxiety and did not always act to help people when they were experiencing anxiety. People did not always have risk assessments in place to guide staff how to reduce risks to people. Where people had experienced incidents, these had not been recorded accurately or monitored to ensure any learning was identified and implemented to reduce future risks.

People were supported with their medicines by trained staff, however staff were not ensuring they recording accurately what medicines they had administered and when. This meant it was not clear what medicines had been administered and what time people could safely receive their next dose. People were supported to see medical professionals, however records regarding what action had been taken in relation to people's health concerns, and why, was not always accurate or up to date.

People were involved in planning their care and staff sought their consent prior to providing them with assistance. Staff had received training about the Mental Capacity Act but where people lacked the capacity to make decisions for themselves, processes had not always ensured people's rights were protected. Where people's liberty was restricted in their best interests, the correct legal procedures had been followed.

People told us they were able to choose how they spent their day and that group activities were available. However staff members told us they did not have time to spend with people, beyond providing personal care. Feedback sought by the provider showed people and relatives felt activities were not personalised and staff did not have time to spend with people. People's care plans did not always contain information about how people liked to have their care provided or what pastimes they were interested in.

The provider had not always acted to ensure the quality of the service was maintained. Feedback had not always been acted upon and gaps in records had not been identified.

People were supported by staff who treated them in a caring way and respected their privacy and dignity. People's complaints were taken seriously and acted upon.

People told us they enjoyed the food. Mealtimes were a positive experience and people told us meals were of sufficient quality and quantity. There were always alternatives on offer to choose from and people were involved in planning the menus and their feedback on the food was sought.

Recruitment practices were safe. Checks were carried out prior to staff commencing their employment to ensure they had the correct characteristics to work with vulnerable people. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

Staff had received training relevant to their role and there was a system in place to remind them when it was due to be renewed or refreshed. The manager was in the process of identifying what further training staff needed to fulfil their roles effectively. Staff were supported in their role by an ongoing programme of supervision, appraisal and competency checks.
The manager had clear values about how they wished the service to be provided and told us they were in the process of taking steps to improve the quality of the service provided. People told us they were happy living at Chyvarhas and staff were positive about the changes the manager was implementing to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were sufficient staff on duty to meet people's personal care needs; but staff and feedback from people and relatives identified staff did not have time to spend with people.

Staff were trained to administer medicines but records of medicines administered were not always accurate.

People did not always have risk assessments in place that reflected their needs.

Incidents had not always been recorded, reviewed, monitored or acted upon to help reduce further risk.

Checks on the environment and equipment had not always been carried out or recorded in line with the provider's policy.

Staff did not always know the best way to support people when they experienced anxiety.

People were protected by staff who could identify abuse and who would act to protect people.

Staff were recruited safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People's records did not always give a clear picture of their health care needs or concerns.

When people lacked the capacity to consent, assessments of their capacity did not follow the priciples of Mental Capacity Act 2005 (MCA).

Staff had received training about the Mental Capacity Act 2005 (MCA) and sought consent whenever possible.

Staff were well supported and felt confident contacting senior

staff to raise concerns or ask advice.

People told us they enjoyed the food and staff explained people were enabled to eat what and where they wanted to help ensure they received sufficient food and drink.

Is the service caring?

Good

The service was caring.

People were looked after by staff who treated them with kindness and respect. People and visitors spoke highly of staff.

Staff spoke about the people they were looking after with fondness.

People said staff protected their dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records did not contain detail about how people liked to have their care needs met.

People, relatives and staff felt activities were not always personalised to meet people's individual interests.

People told us they had choice about how and where they spent their day.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not identified or acted upon gaps in records or in the quality of the service people received.

People's feedback about the service was sought but their views had not always been acted upon.

Staff were motivated and inspired to develop and provide quality care.

The manager had clear visions and values about how they wished the service to be provided and these values were being shared with the staff team.	

Chyvarhas

Detailed findings

Background to this inspection

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

The inspection took place on 28 and 30 March 2017 and was unannounced. The inspection was prompted by concerns shared with us by the local authority. These included concerns that care plans and risk assessments were not reflective of people's needs or regularly reviewed; communication with external health and social care professionals was ineffective, and guidance from these professionals was not being followed. In addition, concerns also included staff training being insufficient, particularly relating to safeguarding. Concerns were also raised regarding the environment and whether it was being used in a way that was suitable for people's needs and whether people who experienced anxiety were supported effectively.

The inspection was carried out by one inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who lives with dementia.

Prior to the inspection we reviewed the records held on the service. We reviewed previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with six people and four relatives.

We reviewed records in detail. We also spoke with six members of staff and reviewed three personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the manager reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures. We were supported during the inspection by the manager.

Whilst carrying out our inspection we left 'Tell us about your care' forms at the reception desk of the home.

Staff and relatives completed our forms and commented on what they thought of the service.

We also attended meetings with the local authority and senior staff from Cornwall Care about the concerns raised.

Following the inspection we sought the views of a community psychiatric nurse, who knew the service well.

Requires Improvement

Is the service safe?

Our findings

The inspection was prompted by concerns shared with us by the local authority. These included concerns that risk assessments were not reflective of people's needs or regularly reviewed and that staff safeguarding training was insufficient. Concerns were also raised regarding the environment and whether it was being used in a way that was suitable for people's needs and whether people who experienced anxiety were supported effectively.

People did not always have risk assessments in place to guide staff how to mitigate risks related to people's individual health and social care needs. One person was described as experiencing anxiety which could result in them being resistant to care or being verbally aggressive. The care plan section for 'managing behaviour' was empty and there was no risk assessment in place. Where people were assessed as at risk of falls, they did not always have risk assessments in place to guide staff how to reduce the risk to people. This meant staff may not have sufficient information to help ensure that people were supported to remain as safe as possible.

When people had experienced falls, incident forms had rarely been completed. For example, one person had sustained an injury but there was no record of an incident form having been completed. This meant any learning to help reduce the risk of falls in the future, had not been identified. When people had experienced several falls, people had not always been referred to appropriate external professionals for further advice.

Occasionally people became upset, anxious or emotional; however action was not always taken to alleviate their anxiety. A hairdresser who regularly attended the service told us sometimes people became anxious or upset whilst being assisted by them and they required staff assistance. They told us there were not always staff available to assist. The manager told us they were reviewing the staffing levels and how staff were deployed throughout the day to ensure staffing levels were maintained at a safe level in line with people's needs.

We also observed a person become distressed due to the noise of the entertainment in the lounge. Staff had not sought to reassure the person until we highlighted the person's discomfort. Staff then sat and talked with them to calm their anxiety. After a while the person seemed less distressed.

A healthcare professional told us when they asked for records to be completed about people's anxiety, these were not always completed. This meant it was difficult for the health professional to recommend appropriate support for the person.

On the first day of the inspection, 17 rooms had no call bell available for people to call staff. In a further five people's rooms, call bells were present but not within reach of the person. This meant these people would not have been able to call staff if they needed attention. The manager did not know any reason why these bells were not available to people. On the second day of the inspection, people had call bells within reach.

Staff did not always have comprehensive knowledge about risks relating to people eating and drinking and

their diet. For example one staff member told us they gave less support to someone now as they had realised the person was able to feed themselves. They did not know the person was at risk of choking and told us they had not read people's risk assessments. Where risk had been identified, records did not always show action had been taken. For example, records showed one person had recently lost weight but there was no corresponding action or recheck for this. This meant any related health concerns may not have been identified. The manager told us they would recheck the person's weight and ensure any required actions were taken.

The provider did not always act to keep people safe. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Staff were appropriately trained to administer medicines and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. However, some medicines to be administered by staff working at night had been administered, but had not been signed for as 'administered'. This meant the medicines administration records (MARs) were not reflective of what people had actually been given or refused. Also, the time medicines were given was not recorded. This meant it was not possible for staff to ensure the gaps between each dose of medicine were as prescribed. The manager and senior staff told us they would ensure medicines records were completed more accurately in the future.

Policies were in place for staff to regularly check the premises and any equipment used in order to maintain people's safety. The policy stated that there should be weekly call bell, legionnaire's and fire alarm tests. However, records showed these had not always been completed. This meant faults may not have been identified which may have made the environment or equipment unsafe. The provider told us these issues would be monitored more closely in the future.

The provider did not ensure the risks relating to the health, safety and welfare of service users and others were regularly monitored to mitigate any related risks. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt there were enough competent staff on duty to meet their needs and keep them safe. One relative confirmed, "The staff are always popping in to see how my husband is."

Staff members confirmed they felt there were enough staff members available to keep people safe but not always enough staff to meet everyone's needs consistently. Staff members explained, "We need more staff as we don't have time to spend quality time with residents. We never have a full staff team on so it makes it hard on those staff that are working", "Usually we don't have time to stop and talk to people" and "You need to genuinely give people your time and listen to them. You have to engage and not rush." The manager told us they were reviewing staffing levels and would ensure staff were deployed more effectively to meet people's needs.

The manager told us they had recently made environmental changes which had resulted in people experiencing less anxiety and produced a calmer atmosphere. Meeting minutes showed staff had also been asked to share their ideas to improve the layout of the home. The manager told us, "Sometimes it's the minor changes that make a big difference to people. We've moved one lady's chair so she can see the garden and the TV better. She's like a different person." A relative told us they felt the environment was friendly and welcoming.

People told us they felt safe. Comments included, "All the staff make me feel safe because they are so

friendly", "It's the atmosphere and the staff that make it feel safe" and "It's the fantastic group of people (staff) that keeps us all safe." Relatives also confirmed they felt Chyvarhas was a safe place for their family member to live. One relative told us, "I have no worries when I'm at home knowing how safe my husband is."

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly.

Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information.

Requires Improvement

Is the service effective?

Our findings

The inspection was prompted by concerns shared with us by the local authority. These included concerns that communication with external health and social care professionals was ineffective, that guidance from these professionals was not being followed and that staff training was insufficient.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people lacked capacity to make their own decisions, assessments of their mental capacity were not always decision specific as required by the act. For example, one person who was deemed to lack capacity had one mental capacity assessment in place to cover all decisions. This meant each decision had not been considered separately in line with their best interests. This person was given their medicines covertly (hidden in food or drink). There was no record of whether the person's GP had been involved in a best interest decision regarding this. This was not following the principles of the act and may mean their rights were not being protected.

The manager told us staff would be supported to understand the MCA and how it affected their roles, through supervisions. They also confirmed they would ensure people had mental capacity assessments in place relating to specific decisions.

The provider had not always acted in accordance with the Mental Capacity Act 2005. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS had been applied for on behalf of people. However, most of these were awaiting review by the local authority designated officer.

People told us staff always asked for their consent before commencing any care tasks. We observed staff always asked for people's consent and gave them time to respond at their own pace. One staff member described how people's wishes were respected if they did not consent to being checked on through the night.

Staff supported people to see healthcare professionals when they had concerns about people's health. We observed staff treating someone who was unwell in a particularly caring way. They ensured the person was seen by the GP as soon as possible. One person told us, "They (service) arrange all my appointments so that my family can come with me"; and relatives confirmed, "The home arranges all my relative's appointments, it takes a lot off my mind", "If there are any concerns about my relative they always phone me to let me

know" and "The care they showed when my husband had a chesty cough and cold was wonderful."

However, people's records regarding health concerns were not always up to date or accurate. A healthcare professional told us staff did not always give them consistent or clear information that was supported by clear records. This made it difficult for them to gain a comprehensive picture of someone's health needs.

Clear information was not always available to staff about people's up to date needs. For example, one person had recently been referred to the Speech and Language Therapy (SALT) team; however it was not clear from the person's records that the person had been experiencing choking and regular chest infections. This meant staff may not have had sufficient information to keep this person healthy whilst awaiting recommendations from the SALT team.

The provider had not ensured records accurately reflected people's current needs and risks or that gaps in records were identified. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were able to choose where and when they ate. Some people chose to eat in the dining room and some people ate in their own rooms. There was a calm and relaxed atmosphere in the dining room during lunch time. Staff members chatted with people and enquired whether they were enjoying their meal.

People told us they liked the food and were able to make choices about what they had to eat. A staff member who worked in the kitchen told us, "One lady had been in hospital and had hardly eaten anything. When she got back, we asked her what she really fancied. She wanted stew and dumplings so that's what we made her." People told us, "The food is very well cooked", "We have an excellent chef" and "The food is lovely, can't fault it." A relative also confirmed, "My husband always finishes his plate, he loves the food and says it's tasty." Relatives were able to eat with their family members. One relative told us, "I often eat here when I'm visiting. I had the Steak Pie today and it was delicious." Residents meetings were used to discuss people's meal preferences. The manager explained menus were checked to ensure they provided sufficient nutrition to people to keep them healthy.

In addition to set meal times and drinks rounds, people were encouraged to eat where and when they would like. We observed people had cold and hot drinks, on hand throughout the day, to help prevent dehydration. One person confirmed, "The staff always make sure I have plenty to drink." A staff member told us "[…] often doesn't eat much during the day. We'll find out through handover and her notes and will offer her food throughout the night, if she's up. If anyone wakes in the night we offer them food and drink." Another staff member explained, "People who walk a lot, we found will eat more if they are sitting with other people. So we encourage that." Staff told us they always recorded what people ate to check people were receiving enough to eat and drink. Senior staff reviewed these records and raised any concerns with the nursing staff.

People felt supported by knowledgeable, skilled staff who effectively met their needs. People's relatives told us, "All the staff seem to know how to look after my husband, I've got no worries about that" and "There isn't one carer I wouldn't leave my husband with." Feedback received on the 'Tell us about your care' forms described staff as polite and caring and one commented, "I would praise and thank all the staff for their hard work and enthusiasm."

New members of staff completed a thorough induction programme, which included being taken through key policies and procedures as well as training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role

competently. Staff members told us, "It gave me a chance to get used to everything" and "I shadowed for a month until I felt comfortable. It's one of the best inductions I've had." The service had implemented the Care Certificate. The Care Certificate has been introduced to train all staff new to care to a nationally agreed level.

On-going training was planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs, such as dementia training and dysphagia. Staff told us they had the training and skills they needed to meet people's needs. Comments included, "I have been supported by Cornwall Care with ongoing training and encouragement to take my career further." The manager had a clear record of which staff needed to update which training and when and told us they were reviewing training to help ensure staff were receiving the correct training to meet people's needs.

Staff told us they felt supported. One member of staff told us, "The senior staff are very good at their jobs and at teaching us the right things to do." Staff told us they received regular supervisions which were carried out regularly and enabled them to discuss any training needs or concerns they had. Records showed these included observations of staff work. One staff member told us, "Everything is discussed. Anything we're not happy with, things we need to improve or change and suggestions."
The manager told us they were updating supervisions, how they were planned and recorded.

Good

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "The carers are so kind" and "The care in here makes it the best place to be."

Relatives confirmed they felt the staff were caring towards their family members. One relative explained, "Even the cleaners come in to see how my wife is doing." We observed regular demonstrations of kindness with staff hugging and kissing people to give them comfort. Professionals who regularly provided entertainment to people living at Chyvarhas told us the staff were lovely and very caring.

People were treated with kindness and compassion in their day-to-day care and relatives told us, "My mum seems extremely settled and not agitated. She has even gained weight!" and "I find his care and wellbeing to be very good."

Staff told us they valued their relationships with the people who lived at Chyvarhas and spoke about them in a caring way. They described people in positive terms such as, "A lovely lady" or "A good hugger." Other comments included, "I enjoy the company of the residents and it gives me great pleasure when I see them smile", "I want to treat everyone how my mum would like to be treated" and "It's a lovely home and the clients are beautiful. It feels like a family."

People told us their privacy and dignity was respected. A visitor confirmed staff always treated people and their relatives with dignity and respect. We observed staff members knock on people's doors and close them to discuss personal matters or provide care. One person spilt a cold drink on their lap and a staff member promptly took the person to dry and change their clothes. This helped maintain their dignity.

People's confidentiality was not always respected. We observed, and the manager confirmed they had also identified, staff were not always locking people's records away after using them. This could mean other people had access to people's confidential information. The manager told us a new lock was being fitted to relevant filing cabinets and staff were reminded to always lock records away when they had finished with them.

Staff knew the people they cared for. For example one staff member told us, "[….] like company but not hugs so much." Staff were able to tell us about individuals' likes and dislikes but did not always know information about people's backgrounds. This might mean they did not have sufficient information to respond to people's needs effectively.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people's views and opinions were heard. One staff member described how some people used their body language to communicate their wants and needs. They told us staff knew this information but it was not always reflected in people's care plans. This meant staff may not have been communicating with people in a consistent way.

Friends and relatives were able to visit without unnecessary restriction. One person explained, "My wife and family are regular visitors." Visitors told us they were always made to feel welcome and could visit at any time. One relative told us staff always had time to talk if they ever had any questions. The manager told us they had plans to involve friends and relatives more in decisions about the service saying, "I want relatives to see us as an extended family."

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists.

Requires Improvement

Is the service responsive?

Our findings

The inspection was prompted by concerns shared with us by the local authority. These included concerns that care plans were not reflective of people's needs or regularly reviewed.

People's care plans contained information about their needs and diagnosis and details about their life history. Staff told us they involved people in developing their care plans and that they were reviewed and updated regularly. However, care plans did not always clearly explain how people would like to receive their care, treatment and support or reflect information held in other records such as people's daily notes. This meant people's preference may not always have been respected and their up to date needs may not have been known by staff. The manager told us they and senior staff were in the process of reviewing people's care plans to help ensure staff could easily find personalised information about how people wanted their care delivered.

People had a range of group activities they could be involved in. For example photos displayed in the service showed people taking part in gardening, baking, making Easter bonnets and visiting a local garden centre. A staff member added that they took some people to a local golf driving range and others liked to be driven up onto the moors to look at the view. Professionals who regularly provided entertainment to people living at Chyvarhas told us staff made sure people benefitted from the entertainment available. We observed people and staff joining in dancing and clapping to the songs played by the entertainers. One person commented, "I love dancing to the music when we have music people here." Two staff members were also helping people with knitting and craftwork.

Some individual preferences had been taken into account to provide personalised activities. For example, one person particularly liked to 'fiddle' with things, so a staff member had created a board with locks and switches on it that the person enjoyed 'fiddling' with. A relative confirmed, "They know my wife likes her music, so they keep her radio by her bed so she can listen to it when she wants." However, most staff told us they didn't feel they had time to provide meaningful cognitive stimulation to people throughout the day. Comments included, "We don't really have time to spend with people. I'd like to have that time. Sometimes you can be speaking with people and you get asked to go and do something else", "There aren't really any activities if the activities co-ordinator isn't here, only TV, books and puzzles" and "We try to give one to one time. I would like to be able to do that more."

An activities co-ordinator was employed by the service and the manager told us they had asked them to gather information about people's backgrounds and interests so meaningful, smaller group and one to one activities could be planned with people. The provider explained staff would also be receiving further training on how to plan imaginative and creative activities with people.

People told us they were given choice about how they spent their day. For example people confirmed they could get up and go to bed or have a shower or bath when they chose. Relatives told us their family member's care was focussed on their individual needs and confirmed they were involved in making decisions about their family member's welfare, where appropriate. One relative stated, "The home let's all

our family have a say about things." The manager told us they intended to ask each relative how often they would like to be consulted about people's records and how they would like to be contacted.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. One staff member told us they didn't feel the current handover time was sufficient. The manager told us they intended to change the handover record so it better reflected the information staff discussed and they would also review shift times to make handover more effective.

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People's concerns and complaints were encouraged, investigated and responded to in good time. People told us they had no concerns or complaints about the service and that they had never needed to make a complaint.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led. The provider had not consistently acted to ensure the quality of the service was maintained. For example, the provider's clinical team, responsible for reviewing care plans and risk assessments regularly, had not highlighted gaps in people's care plans and risk assessments. Incident forms had not always been submitted to the provider as per their policy, this meant the provider could not ensure all appropriate actions had been taken and that incidents had been effectively reviewed to reduce reoccurrence.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. People and relatives had been given questionnaires to complete about various aspects of the service. However, there was no evidence that action had been taken following concerns raised. For example, results of the most recent questionnaires showed only 60% of respondents felt there were sufficient staff to meet people's needs, only 68% felt staff had time to talk to people, only 65% felt people were offered activities suited to their needs and only 63% felt people were encouraged to take part in hobbies they were interested in. These were the same concerns we found during this inspection.

The quality of the service had not been assessed or monitored effectively. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager told us they planned to have regular meetings for people and their friends or relatives. They explained, "I hope to include presentations from external professionals and encourage everyone to discuss ideas and suggestions for the service." The manager was also developing auditing tools which would enable them and senior staff to identify when records needed updating and enable the manager to audit them in a methodical way. The provider told us their checks on the service would also be more thorough in the future.

The service had not always notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. For example one person had sustained a fracture and had to spend time in hospital. The provider had not ensured the commission had been notified of this. The provider told us there was now a system in place which prompted staff to complete a notification to inform CQC of certain incidents and the provider's governance team now checked the appropriate notifications had been sent.

The service had not always notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People told us they thought the service was well led. Comments included, "I feel very lucky to live here" and "I really enjoy living here." A relative told us, "The home shows a genuine interest in my wife's care."

The manager took an active role within the running of the home and was developing a good knowledge of the staff and the people who lived at Chyvarhas. One person told us, "The new manager is lovely; she came and introduced herself to me."

Staff were positive about how the service was run and told us they enjoyed working at the home and felt valued. Comments included, "I am very happy working at Chyvarhas", "I feel respected by the new manager. We can speak freely to each other and work on or resolve any issues", "There is a lot more direction with the new manager here. The support from central office is improving too" and "I think our new management team is really good." A healthcare professional confirmed they felt there had been recent improvements to the quality of the service.

A visitor told us all their comments were listened to and acted on and other relatives explained a meeting had been held so they could meet the new manager and ask any questions. Staff members told us the manager had an open door policy and they had confidence the manager would listen to them. Comments included, "I asked the manager today what to do about something and they helped me think it through" and "The manager treats us with respect. If I've got a problem, I'm not scared to go to the office. I'm listened to and feel a valued member of the team." A recent meeting was used to thank staff for working together to adopt recent changes which had resulted in a calmer environment for people.

Staff meetings were regularly held to provide a forum for open communication. One staff member explained, "We have meetings and people can voice any concerns or ideas." Staff told us they felt empowered to have a voice and share any opinions and ideas they had. Comments included, "We can bounce ideas off the new manager" and "We're able to share our opinions about people's care and are listened to." Staff told us they were encouraged and supported to question practice and action had been taken. One staff member told us, "One lady used to bang on the dining table a lot but now we suggested she sits with others. She is much happier and eats more."

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager, and were confident they would act on them appropriately.

The manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service had not always notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not always acted in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured all risks to people using the service were properly assessed, recorded and acted upon. Medicines were not always recorded safely. People who experienced anxiety were not always supported in a way that was appropriate for their needs Incidents forms had not been completed effectively, reviewed, monitored or acted upon.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

The provider had not ensured records accurately reflected people's current needs and risks or that gaps in records were identified.

The provider had not effectively assessed and monitored the quality and safety of the service or acted on feedback received.