

Cheybassa Caring Limited

Cheybassa Lodge Rest Home

Inspection report

2 Chichester Avenue
Hayling Island
Hampshire
PO11 9EZ

Tel: 02392462515

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cheybassa Lodge is a residential care home providing personal care to up to 18 people. The service provides support to older people who live with dementia and physical frailty. At the time of our inspection there were 14 people using the service.

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

The provider's quality assurance systems were not fully effective in identifying all concerns in the service. Some policies needed improvement, so they provided effective guidance to staff. We have made a recommendation about this. When the provider was made aware of any issues, they acted to address them and told us of their plans to further improve.

Although no restrictions were imposed on people and they were supported to have choice and control over their lives, the policies and procedures in place did not support this practice. We have made a recommendation about this.

People felt safe at Cheybassa Lodge and were protected from the risk of abuse. Risks associated with people's health and support needs were safely managed. There were enough staff to meet people's needs in a timely manner. Safe procedures were in place to ensure people received their medicines as prescribed.

Staff received enough training to support people effectively and staff felt supported in their roles. People enjoyed their meals and had a choice about what they ate and drank. People's healthcare needs were met, and staff supported people to achieve good outcomes.

People spoke positively about the support they received and the staff team who cared for them. Staff were described as kind and caring. People were happy living at Cheybassa Lodge and relatives also provided us with positive feedback about the support people received. People's privacy and dignity were respected.

People's care plans contained sufficient information to support staff to provide person-centred, responsive care to people. Staff recognised people's individual communication needs and provided meaningful activities for them.

The service had a positive person-centred culture. People, relatives and staff were positive about the registered manager. Everyone we asked said they would either recommend the service as a place to live or a place to work.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 April 2019). 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.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections. We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

The inspection was prompted in part due to concerns received about the application of Mental Capacity Act 2005. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made recommendations for the provider to improve their practice into the application of the Mental Capacity Act 2005 and governance.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Cheybassa Lodge Rest 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.

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

This inspection was carried out by two inspectors. In addition, an Expert by Experience supported the inspection by talking with people and relatives over the phone to gain their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cheybassa Lodge 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. Cheybassa Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information 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. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, care workers and a housekeeper. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider consider current guidance on safeguarding people from abuse and act to update their practice. The provider had made improvements.

- The provider had effective safeguarding systems in place. Safeguarding alerts were raised with the local authority in a timely way.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had been trained in safeguarding. They had a good understanding of the signs to look for when people might be being abused and how to report any concerns.
- People and their relatives told us they felt people were safe and protected from the risk of abuse. One person told us, "I feel quite safe, no problems, staff and security are all good."

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- Risk assessments were in place for each person. These were detailed enough to guide staff on what to do to minimise each identified risk and help keep people safe. We noted that moving and handling assessments needed more detail to ensure appropriate guidance for staff. The registered manager addressed this promptly.
- Staff were able to tell us about the people they supported; this included their individual risks.
- Environmental and equipment safety checks were carried out appropriately, for example on hoists and bed rails. We also saw records of fire drills, fire alarm testing and servicing and water temperature checks.
- Staff recorded accidents and incidents appropriately. The provider monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again. For example, when one person had fallen, the registered manager sought the support of external professionals, implemented equipment and increased staff checks for the person. This helped reduce their risk of falls.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store and dispose of medicines safely.
- People received their medicines at the times they were prescribed or when they needed them.
- Protocols were in place for medicines prescribed for use 'as and when required'. This supported staff to identify when a person required additional prescribed medicines, for example, pain relief.
- Staff were trained and assessed as competent to support people with their medicines.

- People and their relatives were positive about the support people received with their medicines. For example, one relative said, "No concerns regarding her medication, no issues and any pain from her [health condition] is dealt with."

Preventing and controlling infection

At our last inspection we recommended the provider consider current guidance on infection prevention and control and act to update their practice. The provider had made improvements.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- People were receiving their visitors during the inspection. All visits were pre-booked, except for people receiving end of life care, who were offered flexible visiting. The registered manager assured us that if a relative wanted to visit ad-hoc, they would be able to. People and relatives were happy with the current visiting arrangements.

Staffing and recruitment

- Although the registered manager told us staffing vacancies had made staffing the home more challenging, they said there was enough staff on duty to keep people safe and meet their needs.
- People, relatives and most staff felt there was enough staff. One relative told us, "I think there are enough staff. It's been hard to recruit during COVID-19. They [staff] always answer the call bell quickly." Our observations found that staff responded to people's needs in a timely way.
- Agency staff were used to cover shifts when shortfalls with permanent staff took place. Agency staff were consistent, and we observed them to be familiar with people and their support needs. One staff member told us, "We always have the same agency staff. They are very good."
- The registered manager told us they were currently recruiting for more staff.
- Staff were safely recruited.

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 remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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. 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, the principles of the MCA had not been followed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider was no longer in breach of Regulation 11, but improvements were still needed.

- The registered manager had sought support from external professionals to increase theirs and their team's knowledge about the MCA since the last inspection. We saw this had a positive impact on people's lives. For example, consent and mental capacity had now been considered and people were protected from unlawful restrictions.
- Despite this, records demonstrated the MCA was still not fully understood. They did not always clearly show whether people had the capacity to make particular decisions or demonstrate that actions had been taken in people's best interests. Some records also contained conflicting information about people's decision-making ability. This meant clear guidance was not always available to staff about people's ability to consent and make decisions about their care.
- Staff knew people well and could mostly tell us who could consent and who needed staff to act in their best interests regarding their care and support. Additional knowledge about the underpinning principles of the MCA was still needed.
- The registered manager began making improvements at the time of our inspection. This included

reviewing people's records. They also told us of their plans to further improve which included seeking additional training.

We recommend the provider seeks guidance from a reputable source to enable them to understand and adhere to the principles of the MCA.

- DoLS had been appropriately applied for. We also saw that one person enjoyed going out freely.

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

- The environment had been adapted to support people who may be living with dementia. For example, pictorial signage and coloured areas helped people to navigate around the home.
- There were some constraints with the size and layout of the home. However, the provider made adjustments to work around these. For example, one relative told us, "They [staff] moved [Person's name] to a bigger room to accommodate a hoist."
- Although some areas of the home looked worn, it was welcoming. The provider had a redecoration programme in place.
- There was a garden area which had been improved. Staff told us how some people enjoyed sitting in the garden.
- People were encouraged to personalise their bedrooms to make them more homely.

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

- Pre-admission assessments were carried out before people moved into the home. This was to make sure the home was suitable for them and their care needs could be met. The registered manager took prompt action when we told them that people's protected characteristics were not included on the pre- assessment form.
- Care plans were created following the assessment process to ensure staff understood the individual needs of people so they could fully support them. As staff became more familiar with people, these were updated.
- Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of malnutrition, actions taken included increased snacks, high calorie food and referral to external professionals.
- Guidance outlined in people's care plan and from external professionals was followed.

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the right skills and knowledge to support people living in the service. A relative told us, "The staff seem well trained, I can talk to them and they listen, they seem to know what they are doing."
- Staff received an induction and ongoing training. Staff told us they had enough training to support people effectively. Specific training to meet people's individual assessed needs was also provided. For example, staff were trained in Parkinson's Disease and Diabetes where people had assessed needs in these areas.
- Staff told us they were supported by the registered manager. Staff told us they had one to one supervision and staff meetings and could talk to the registered manager any time in between.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People told us they enjoyed their meals and were offered choices. One relative told us, "[Person's name] likes the food, homely cooked meals, the cook will make meals she likes, and the staff know her favourites, there's drinks, snacks, water and fruit always available."
- Some people chose to eat in their own rooms. Staff ensured those people received their meals, snacks

and drinks throughout the day.

- People's weight was regularly checked. If people had lost weight, appropriate action was taken to address this.
- People who were unable to eat independently were provided with help from staff when necessary.

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

- People and their relatives told us people were supported to see a range of external health professionals when needed and stay healthy. For example, one relative said, "The chiropodist is arranged and [person's name] has a hospital appointment for his ears in 2 weeks. Transport and a [staff member] have been arranged."
- Staff made referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff.
- Health professionals who we received feedback from were positive about how staff at Cheybassa worked with them and supported people with their health needs. For example, one health professional told us, "I have always found [Registered manager] and her team at Cheybassa the most knowledgeable and helpful at all times."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke highly of the care people received. For example, a relative told us, "Staff are all kind and caring, exceptional, you can't pay for that kind of care, they are so kind."
- Staff members showed warmth and respect when interacting with people. It was evident staff had built positive relationships with people and knew what mattered to them.
- Equality and diversity were acknowledged and supported. For example, where a person preferred to be supported by a staff member of a specific gender this was accommodated. The registered manager told us if a person expressed a particular need in relation to their sexuality, religion or culture these needs would be supported and would inform the development of a person's care plan.
- People were supported to celebrate important events to them. For example, one person had a birthday banner on their door at the time of our inspection. The registered manager told us how the person had enjoyed celebrating their birthday.

Supporting people to express their views and be involved in making decisions about their care

- Staff provided people with choice and control in the way their care was delivered. One person told us, "I'm free to do as I like really."
- People and relatives confirmed people could choose how and where they spent their day. For example, one person said, "I can choose when I get up and go to bed whenever I feel like it."
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- Everyone we spoke with thought they or their relative were well cared for and treated with respect and dignity. A person told us, "Staff always show me dignity and respect." A relative explained how they observed how staff always shut the door when undertaking any personal care. We saw staff knocking on doors before entering and talking with people in a respectful manner.
- Staff promoted people's independence where possible. For example, one staff member told us how they always prompted people to remain active and carry out any personal care tasks for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.
- Each person had a care plan with up to date information about their needs and preferences to help staff provide the care and support people needed.
- People confirmed staff listened to them and provided the care they requested.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Staff ensured where required people's communication needs were assessed and met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Improvement had taken place so people could take part in activities that were meaningful for them. Comments from relatives included, "[Person's name] is an avid reader, he watches TV and enjoys rugby and football when it is on, staff are very good at facilitating that." and "[Person's name] enjoys the entertainer who visits, we saw a Christmas Party on Zoom, and [staff] provide dementia dolls for some of the residents to nurse."
- People and their relatives still felt people did not go out as much as they would have liked. This was mainly due to the COVID-19 pandemic. The registered manager confirmed they would arrange for people to go out more often.
- People had been supported throughout the COVID-19 pandemic to maintain contact with people who were important them.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary.

They were also confident that any issues raised would be addressed.

End of life care and support

- At the time of our inspection, the service was not supporting anyone who required end of life care.
- People's end of life wishes had been considered. End of life care plans included people's preferences, cultural and religious beliefs.
- We saw records where people had expressed their gratitude regarding end of life care. For example, one thank you card stated, "We would like to thank you for all the love and care you showed to mum during the time she lived with you, particularly towards the end of her life. We are so grateful that she could spend her last days at Cheybassa Lodge."

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 requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created 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 provider failed to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and contemporaneous records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 17. However, improvement was still needed.

- The registered manager and provider monitored the quality of the service regularly to make sure they delivered a high-quality standard of care and drive improvements. This included regular audits of care plans, care delivery and medication records. However, these processes had not identified the issues we found with the MCA. This has been further reported on in the effective section of the report.
- Some of the providers policies were not up to date or detailed enough to provide sufficient guidance to staff. This meant staff were at risk of not having available guidance to follow to ensure they acted in line with current legislation.
- Despite this, people and their relatives told us they were happy with the care provided and we found that the areas we identified for improvement had not negatively impacted on people at the time of our inspection.
- When we discussed these shortfalls with the registered manager, they acted promptly to make some improvement and told us of their plans to further improve the governance of the service. The registered manager told us they had already recognised the policies needed improvement and would be enlisting the support of an external company to help them with their policies.

We recommend the provider seeks reputable guidance to ensure records are complete and accurate in respect of each person, and to ensure effective quality assurance systems are used to assess, monitor and improve the quality and safety of the service.

- The registered manager had responsibility of the day to day running of the service and told us they were well supported by the directors. Staff were supported to understand their roles and responsibilities through staff meetings and supervision.

- People and relatives told us the service was well led. The registered manager and directors were described as approachable and helpful.

At our last inspection the provider failed to notify CQC of all incidents they were required to by law. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection, enough improvement had been made and the provider was no longer in breach of this Regulation.

- The provider was aware of their regulatory responsibilities and had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

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

- People and their relatives told us people received personalised care and were happy with the service. Comments included, "Cheybassa saved my life, I can't praise them enough, I just love the place." and "Cheybassa is a general caring environment, nothing is too much trouble. They [staff] do a very good job. [Person's name] now looks better than she has for years because of their care."
- The culture of the home was positive, and people lived in a homely and friendly environment. One person described Cheybassa as their "family".
- An initiative called 'Resident of the day' was in place. The primary aim of this was to improve the overall experience for people who lived at Cheybassa Lodge. It meant that people's needs and wishes were reviewed in a holistic way and ensured any improvement they felt they may need.
- Staff enjoyed working at the service and told us they felt valued for the work they did.
- Everyone we asked, told us they would recommend the home, either as a place to live or a place to work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People were supported to be involved in the service. They were invited to complete surveys and attend meetings. They could make suggestions about areas in their life such as food and activities. Records of these demonstrated a high level of satisfaction from people.
- With the exception of one, relatives felt communication between them and the home was good. People's relatives felt involved with their relative's care and said they were kept updated about any changes.
- Staff were engaged in the running of the service via team meetings, supervisions and informal discussion. Staff told us the registered manager was supportive and listened to their comments.
- The service worked in partnership with other professionals and agencies. This helped to ensure people's needs and well-being were reviewed, and people were supported to access services in a timely manner.

Continuous learning and improving care

- The registered manager and directors were responsive to our feedback and told us about some of the changes they were going to implement following the inspection. They demonstrated an open and positive approach to development and were keen to drive improvement to ensure positive outcomes for people.
- An action plan had been developed following our last inspection and we found numerous improvements had taken place.
- Although the registered manager and directors had worked hard to make improvements, further work was still needed.
- A team from the local authority had been supporting the home to improve. They told us that training sessions were well attended, and staff always engaged. They also said their recommendations were always

carried out.

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

At our last inspection we recommended the provider consider current guidance on duty of candour and act to update their practice. The provider had made improvements.

- Although there had been no incidents that met the duty of candour requirements, we saw evidence that this had been considered when people's care had not gone to plan. The registered manager had been open and honest with people.
- The registered manager told us how they had improved their knowledge regarding the duty of candour.