

Cornwall Care Limited

# Chyvarhas

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Chyvarhas is a 'care home' that provides accommodation for a maximum of 36 adults, of all ages with a range of health care needs and physical disabilities. At the time of the inspection there were 29 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Chyvarhas is situated in the town of Callington. It is a purpose built single storey building with a range of aids and adaptations in place to meet the needs of people living there. It is close to the centre of Callington with links to public transport. There is a main lounge/dining area with three 'wings' where peoples bedrooms are located. In the foyer there is a fourth 'wing' where peoples bedrooms are also situated. All rooms were single occupancy. There was a large communal lounge/ dining area but smaller lounge areas were situated throughout the home for peoples use. There were a range of bathing facilities in each area designed to meet the needs of the people using the service. There was a garden which people could use if they were being supported.

The last inspection took place on the 28 March 2017. The service was rated as Requires Improvement at that time. There were concerns around how risks for people were managed, how staff supported people who may become anxious, medicines were not always recorded safely and records had not been completed satisfactorily.

This unannounced comprehensive inspection took place on 5 June 2018. At the previous inspection (March 2017) the registered manager had been in post for a matter of days. Since that time she has remained in post and has worked with the staff team to implement the necessary changes. At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection. The service is now rated as Good.

The service is required to have a registered manager and at the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff told us with the change of registered manager and also changes at senior management level there had been a number of positive improvements to the service. Staff told us that there "Is now a process for everything we do, we know what is expected of us." Staff felt that as their roles were clearer this meant that staff knew who was responsible for each task and these were now completed. Staff were also clear about how they needed to record information to evidence how they supported and monitored a person's health and the process to follow if a person had an incident. We found records were up to date and reflected the person's individual needs. Accident and incident records were also completed and audited by the management team.

The senior managers met regularly and had redesigned their performance management system in order to improve reflective practice, increase sharing and improve communication across the organisation.

People, relatives and staff all told us they found the new management structure more open and approachable. They felt their views on the running of the service were sought and were complimentary about the changes to the service. A person told us "Things have definitely improved, especially recently with the new manager, and the new staff are just as caring as the staff I've known for many years."

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff on how to avoid this and what to do when incidents occurred.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

The service had implemented a 'person for the day' and this meant that their care records, risk assessments and incident records were reviewed to ensure they were in place and were accurate.

The service had implemented a daily 'Stand up meeting'. The meeting consisted of senior care and nursing staff, activities coordinator, head of housekeeping and head of catering. Information about people's care would be shared, and consistency of care practice could then be maintained. This meant that there were clearly defined expectations for staff to complete during each shift.

There were systems in place for the management and administration of medicines. People had received their medicine as prescribed. Regular medicines audits were being carried out on specific areas of medicines administration and these were effectively identifying if any error occurred such as gaps in medicine administration records (MAR).

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards (DoLS) were understood and applied correctly.

People were protected from abuse and harm because staff understood their safeguarding responsibilities and were able to assess and mitigate any individual risk to a person's safety.

People and their relatives told us they thought there were enough staff on duty and staff always responded promptly to people's needs. Staffing arrangements met people's needs in a safe way. The manager reviewed people's needs regularly. This helped ensure there was sufficient skilled and experienced staff on duty to meet people's needs.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. Staff monitored people's food and drink intake to ensure everyone

received sufficient each day. People told us, "There is plenty of good, wholesome food and we do eat well here. My appetite is still good, and I know what I like and I can tell you I don't have any complaints at all about the food."

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing.

Staff were proud to work at Chyvarhas and told us "Love it, you help someone [person] and see them smile", "I find it humbling to look after people here" and "We want to provide the best for them [people] so when they leave here they know they were well cared for. We may be their [person's] last friends they ever have."

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. People had access to some activities both within the service and outside. An activities co-ordinator was employed and organised a planned programme of events. The activities coordinator was passionate about making sure activities were fun for people.

Staff were supported by a system of induction training, supervision and appraisals. Staff meetings were held regularly.

The premises were well maintained. The service is registered for dementia care. There were people living at the service who were living with dementia and were independently mobile. The service was warm, comfortable and appeared clean with no unpleasant odours.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the registered manager and members of the senior management team.

## 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. People told us they felt safe living at the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective. Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected

### Is the service caring?

Good ●

The service was caring. People who used the service and relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care

plans contained up to date and relevant information for staff.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People had access to activities which were provided by the activity co-ordinator

**Is the service well-led?**

**Good** ●

The service was well-led. There were clear lines of responsibility and accountability at the service. Staff morale was good and staff felt well supported.

There were systems in place to assess, monitor and improve the quality of the service provided

People and their relatives were asked for their views on the service.

# 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.

This comprehensive inspection took place on 5 June 2018. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using, or of caring for a person who has used this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people who were able to express their views of living at the service. Not everyone we met who was living at Chyvarhas was able to give us their verbal views of the care and support they received due to their health needs. We also spoke with four relatives, staff, the registered manager, Interim Operational Director and the Interim Regional manager. We used pathway tracking (reading people's care plans, and other records kept about them), carried out a formal observation of care, and reviewed other records about how the service was managed. We looked around the premises and observed care practices on the day of our visit.

We used the Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for four people living at the service, medicines records, four staff files, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

At the previous inspection we had identified concerns as follows: staff were not deployed around the service in a way that met people's needs, some staff were uncertain how to support people when they became anxious, risk assessments, incident reports and medicine records were not always completed. Therefore the safe section of this report was rated as requires improvement at that time.

We reviewed the actions taken since the last inspection. Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff on how to avoid this and what to do when incidents occurred. For example, providing staff with information on what effectively distracted the person and how to support them when anxious. We saw staff providing reassurance to people as specified in their care plan which helped the person's anxiety level reduce.

The service had also implemented a 'person for the day' and this meant that their care records, risk assessments and incident records were reviewed to ensure they were in place and were accurate. We found people had assessments in place which identified risks in relation to their health, independence and wellbeing. The assessments considered the individual risks to people such as mobility, mood and emotional needs, nutrition and hydration, and personal care. Where a risk had been identified, for example a falls risk, the assessment had looked at factors such the environment and whether current mobility aids remained suitable. Staff were able to tell us about people's individual risks and how they were being managed.

Records were up to date to show where risk levels had changed. For example a person was losing weight so the service liaised with relevant health professionals and implemented a food and fluid chart to closely monitor their wellbeing. Risk assessments were reviewed and updated in line with this change of action.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Actions were taken to help reduce risks in the future. For example, a person had a number of falls so this was discussed with the person's family and health professionals. A review and change of medicines occurred to see if this would reduce the level of falls and continues to be monitored.

There were safe arrangements in place for the administration of medicines. Regular internal audits helped ensure the medicines management was safe and effective. People were supported to take their medicines at the right time by staff who had been appropriately trained. Chyvarhas had nurses on duty plus senior carers that had been trained to administer medicines in the nurse's absence.

The service medicines policy was being reviewed. Each person had a Medication Administration Record (MAR) sheet. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by



a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use.

Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly.

Some people's level of dementia was such that the need for pain relief could not be communicated. The senior carer told us they took account of the person's history and any outward signs of discomfort or other signs the person might be in pain and would administer the pain relief as prescribed and necessary.

It was identified that one person's care records needed more clarity if and when a person took their medicines covertly. The registered manager immediately reviewed this person's medicines with relevant health and social care professionals and updated their care plan to specify how the person's medicines should be administered. This enabled the person the opportunity to be given their tablets, but if anxious or declined by them they could be administered covertly.

The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. This meant the safe storage of these medicines could be assured.

People and their relatives told us they thought there were enough staff on duty and staff always responded promptly to people's needs. Staffing arrangements met people's needs in a safe way. The manager reviewed people's needs regularly. This helped ensure there was sufficient skilled and experienced staff on duty to meet people's needs. The registered manager was office based but was available to people if this was necessary.

On the day of the inspection the staffing levels were adhered to as shown on the rota. A nurse, senior carer and six care staff were on duty along with catering, domestic and laundry staff, to meet the needs of 27 people and a maintenance team were available if needed. At night three carers were on duty from 10pm to 8am. A manager was always present in the service during the day and was on call overnight. Any gaps in staffing were met by existing or agency staff. An agency nurse was on duty during the inspection but told us they had worked there previously which provided some continuity of care for people by staff who know them.

Due to the action taken by the provider, as outlined above, they had complied with the breach of regulation. We therefore concluded that the rating of the safe section had improved to Good.

People told us they felt safe. Comments included "The Manager is very keen on safety and I trust her - and all her staff - because they don't miss anything. Although there are sometimes agency staff who don't know [the service] so well, there's always someone to ask and they look out for us all. When I lived at home on my own I was continually worried about everything, but I'm not worried at all now. I don't know where I'd be without [the service] and I wouldn't want to live anywhere else now. Not at my age." A relative told us, "Because I know [the service] is secure and nobody can get through the front door without a member of staff noticing, I feel my relative is very safe here. They are always with somebody during the day, and at night frequent checks are made on them in their room, so if ever they need anything or have an accident there's a member of staff nearby who will help them and make sure they are safe."

People were protected from abuse and harm because staff knew how to respond to any concerns. All staff had received safeguarding training. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Safeguarding concerns were handled correctly in line with good practice and local protocols.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

There were effective systems in place to support people to manage their finances. Some people living at the service managed their own money with support from the registered manager. Advocates were appointed for some people. The service held small amounts of money for people so that they were able to make purchases for personal items and pay for outings. An auditing system was in place to ensure that people's monies were effectively monitored and kept secure.

The service held a policy on equality and diversity. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. One person told us, "The staff know us all individually. I feel I'm respected and treated with dignity and nothing worries me much now I'm here."

Equipment owned or used by the service, such as mobility aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and the registered manager monitored infection control audits. Staff received suitable training about infection control. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five star rating.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. This helped to protect people from being cared for by unsuitable staff.

## Is the service effective?

### Our findings

At the previous inspection we had identified concerns as people's records did not always give a clear picture of their health needs or concerns, where people lacked capacity to consent, assessments of their capacity did not follow the principles of the Mental Capacity Act 2005 (MCA), and staff lacked training in this area. We reviewed the actions taken since the last inspection. From reviewing people's care records we found that people's health conditions were well managed. Staff supported people to access healthcare professionals such as GPs, speech and language therapists (SALT) and chiropodists when necessary. Care records contained details of multi professionals visits and when advice and guidance was given by professionals it was included in the person's care plan.

The manager said the service had good links with external professionals. The service worked closely with a wide range of professionals such as district nurses, social workers and general practitioners to ensure people lived comfortably at the service. Relatives told us the service always kept them informed of any changes to people's health and referred to medical professionals promptly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were restrictions in place including a locked entrance and exit doors with key pad codes and pressure mats to monitor movement. In all instances best Interest meeting's had taken place and authorisations were being monitored and reviewed as required.

Staff had attended training in this area and applied the principles of the MCA in the way they cared for people. Staff told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. Records showed where decisions had been made, on a person's behalf; this had been done in their best interests at a meeting involving key professionals and their family. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their lives and spend their time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support.

Where people were unable to consent themselves due to their healthcare needs, appropriate people were asked to sign on their behalf. The registered manager was aware of which people living at Chyvarhas had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves.

Due to the action taken by the provider, they had complied with the breach of regulation. We therefore concluded that the rating of the Effective section had improved to Good.

People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

There was some use of assistive technology to support people. This included pressure mats to alert staff when people were moving around. These were used only as necessary and identified as part of the risk assessment and mental capacity assessment.

Staff were supported by the registered manager to have the appropriate support to carry out their role effectively. This included a comprehensive induction at the organisations head office and once in post there was continuous training and support. The induction was in line with the Care Certificate which is designed to help ensure staff that are new to working in care had initial training that gave them a satisfactory understanding of good working practice within the care sector. Staff were positive that they were supported appropriately. One staff member said, "There is a lot of training, it is good."

Staff told us they felt supported by the management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they were encouraged by the registered manager to further develop their training. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team, discuss people's needs and any new developments for the service.

Training identified as necessary for the service was provided and updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and moving and handling. Further training in areas specific to the needs of the people using the service was provided. For example, some people had particular health conditions and specific training in respect of this condition was provided. This showed staff had the training and support they required to help ensure they were able to meet people's current needs.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. The service had an equality and diversity policy in place.

Staff regularly monitored people's food and drink intake to ensure everyone received sufficient each day. Staff also monitored people's weight regularly to ensure they maintained a healthy weight and acted where any concerns were identified. For example, where a person's weight records showed they had lost weight a food and fluid chart was implemented. The monitoring charts were regularly discussed with the dietician, district nurse and GP to ensure the person was receiving the most appropriate health and nutritional care.

People told us, "There is plenty of good, wholesome food and we do eat well here. My appetite is still good, and I know what I like and I can tell you I don't have any complaints at all about the food."

We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as separate foods and colours on the plate to help the meal look appealing and people were able to see what they were eating.

There was a maintenance plan in place to update, decorate and replace carpets and furniture in the next year. The decoration and signage was designed to support people with dementia to move around the service and identify with different areas and rooms.

The organisation had a maintenance team to address general maintenance with contractors undertaking any specialist work. There was a central hub with access to a garden area where people were safe. Staff supported people to access it.

## Is the service caring?

### Our findings

The service continued to be caring because people were supported to understand that Chyvarhas was their home and the staff were there to support them in running their home. On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People had developed positive and caring relationships with the staff that supported them.

Relatives were positive about the care their family members received from staff. Comments included "We are so lucky to be here because [my husband] can be a bit forgetful about dressing nicely which is a shame because he was always such a particular person that way. The staff notice things and help him take care of himself. Everything is nicely laundered and they make sure he's decently dressed every morning."

Staff were proud to work at Chyvarhas and told us "Love it, you help someone [person] and see them smile", "I find it humbling to look after people here" and "We want to provide the best for them [people] so when they leave here they know they were well cared for. We may be their [person's] last friends they ever have." Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. Several relatives visited the service during our inspection. Staff were seen greeting visitors and chatting knowledgeably to them about their family member.

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, staff held a person's hands to provide comfort when they were feeling anxious.

Some people's ability to communicate was affected by their disability but the staff were able to understand them and provide for their needs effectively. Staff knew people's care and support needs very well.

Staff had talked with some people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them.

People and their families were involved in decisions about the running of the service as well as their care. People's care plans recorded their choices and preferred routines. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Some people's capacity involvement was often limited, and consultation could only occur with people's representatives such as their relatives.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Support planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs.

People's dignity and privacy was respected. For example, people's preferences were recorded should they wish only to be cared for by specific gender of carer and this was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

People's confidential information was protected appropriately in accordance with the new general data protection regulations. However, some staff files contained confidential personal information which required removing once recorded as seen. We were assured this would be addressed immediately.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

Where necessary, people had access to advocacy services which provided independent advice and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

At the previous inspection we had identified concerns as care records did not always contain information about how people liked to have their care needs met and activities were not always personalised to meet people's individual interests.

We reviewed the actions taken since the last inspection. Each person had a care plan that was tailored to meet their individual needs. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to help ensure they were accurate and up to date. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

We joined a 'stand up meeting' (staff handover meeting), which occurred at each shift change. This was built into the staff rota to ensure there was sufficient time to exchange any information. This allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and meant that people's needs were met in an agreed way each time.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. For example, staff were aware that a person was emotionally more vulnerable on that day and so ensured that staff would visit the person in their bedroom more often than was written in the care plan.

We observed call bells were answered quickly and people did not have to wait long for a response. The design of the service meant some rooms were at a distance from the main hub; however this did not affect response times. We observed staff members undertaking their duties and responding to requests for assistance in a timely manner.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. The mattresses which were in use at the time of this inspection, were set correctly for the person using them.



Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when their skin was checked, their weight was checked or fluid intake was measured. Monitoring records were reviewed and shared with relevant professionals where appropriate to ensure people's health needs were being met.

People had access to some activities both within the service and outside. An activities co-ordinator was employed and organised a planned programme of events including singing, exercises and visits from entertainers. The activity coordinator had spoken with people and families to find out people's individual interests. Last week they held a tea party to celebrate the Royal Wedding. One person went with staff support to their favourite football club for the day and watched a match. Trips out are also arranged to local venues across Cornwall. The service was getting ready for the football world cup and had made bunting. The manager was in the early stages of creating an indoor gardening area so that people could be involved in planting and enjoying seeing the plants grow. The activities co-ordinator was passionate about making sure activities were fun for people. For example, when they played bingo they filled up wine glasses with people's choice of drink and people pretended they were drinking wine. Care staff said this was also beneficial as it meant people's fluid intake also increased as well as enjoying the social aspect of having a drink with their friends.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. Staff were aware of who chose not to join in the group activities and ensured that people still had some entertainment which was personal to them. For example, a person liked to press flowers but due to health needs did not want to leave their room, so the staff took flowers to the person so that they could press them. Some people enjoyed one to one activities provided by staff in their bedrooms. Activities were clearly recorded in the care plans.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses and any support they might need to understand information. Some people had limited communication skills and there was guidance for staff on how to support people.

Due to the action taken by the provider, they had complied with the breach of regulation. We therefore concluded that the rating of the Responsive section had improved to Good.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives said if they had any concerns or complaints, they would discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

Where complaints had been raised the registered manager had responded in accordance with the organisations protocol. Responses seen were open and transparent and following complaints they were reviewed to identify any areas where lessons could be learnt.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people

comfortable. Where appropriate, people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan.

## Is the service well-led?

### Our findings

At the previous inspection we had identified concerns as records were not consistently completed and people's views were not always acted upon.

We reviewed the action taken since the last inspection. Staff told us with the change of registered manager and also changes at senior management level there had been a number of positive changes to the service. Staff told us that there "Is now a process for everything we do, we know what is expected of us." Staff felt that as their roles were clearer this meant that staff knew who was responsible for each task and these were now completed. Staff were also clear about how they needed to record information to evidence how they supported and monitored a person's health and the process to follow if a person had an incident. We found records were up to date and reflected the person's individual needs. Accident and incident records were also completed and audited by the management team.

The service had implemented a daily 'Stand up meeting' which we observed. The meeting consisted of senior care and nursing staff, activities coordinator, head of housekeeping and head of catering. Information about people's care would be shared, and consistency of care practice could then be maintained. Issues relating to the running of the service were also discussed. This meant that there were clearly defined expectations for staff to complete during each shift.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

People and relatives told us their views on the running of the service were sought and were complimentary about the changes to the service. A person told us, "Things have definitely improved, especially recently with the new manager, and the new staff are just as caring as the staff I've known for many years." People and relatives told us they felt the management team at Chyvarhas were approachable and would listen to any suggestions they may have. Staff also shared this view.

Relatives meetings' were held where they were encouraged to share their views about the running of the service. People also had meetings with their keyworker which were an opportunity to review care plans and discuss if there were any elements of people's care or the service that they wanted to improve or develop.

The registered manager had been in post for since May 2017. They were supported in the running of the service by a senior nurse, care and ancillary staff. The organisation had maintenance staff who they could contact in respect of the homes environment and facilities.

The registered manager received support from the regional manager who visited them monthly and also the operational director. The regional manager produced a monthly report which evidenced that they had an overview of the service and completed audits of the service. For example, reviewing people's care records, staff records and the environment.

The senior managers met regularly and had redesigned their performance management system in order to improve reflective practice, increase sharing and improve communication across the organisation. This was shared with us and it evidenced that the audit tool was specific to the issues within Chyvarhas, for example reviewing the design of the service and how it met people's needs.

The registered manager worked in the service every day. Senior staff had an on call rota so that they could support staff when they were not present. Staff said they believed the registered manager was aware of what happened at the service on a day to day basis in respect of the people they supported.

The management team had a clear vision and strategy to deliver high quality care and support. The management team were supported by a motivated team of carers and ancillary staff. Staff had a positive attitude and the management team provided strong leadership and led by example.

The registered persons understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if she had concerns about people's welfare she liaised with external professionals as necessary, and had submitted safeguarding referrals when she felt it was appropriate.

There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice. For example checking records demonstrated people had regular food and drinks; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system; infection control procedures and checking the property was maintained to a good standard.

The services records were well organised and when asked staff were able to locate all documentation required during the inspection. People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor them. The manager had ensured that notifications of such events had been submitted to CQC appropriately. The last CQC rating of the service was displayed.

Due to the action taken by the provider, they had complied with the breach of regulation. We therefore concluded that the rating of the Well led section had improved to Good.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including general practitioners and district nurses.