

Cheybassa Caring Limited

Cheybassa Lodge Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cheybassa Lodge Rest Home is a 'care home'. Cheybassa Lodge Rest Home accommodates up to 18 people living with dementia and physical frailty in one building. At the time of our inspection 14 people were living at the home.

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

Quality assurance systems had not always been effective in identifying the concerns we found at this inspection or fully addressed concerns from our last inspection.

The provider had not always notified CQC about important events that happened in the service which meant these could not be monitored.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The lack of robust infection control practices placed people at risk of being exposed to infections. This included known risks associated with the current Covid-19 pandemic. We made a recommendation about this. Some risks to people's safety had not been safely managed and the registered manager had plans in place to address this.

We made a recommendation that the provider reviews their safeguarding systems and processes to ensure people are fully protected from the risk of harm and abuse.

People, staff and relatives felt there was enough staff for people to be safely supported. However, some staff and people felt there was not always enough staff to undertake other tasks such as cleaning and supporting people with social engagement. The registered manager told us of their plans to improve this by recruiting activities and cleaning staff. Recruitment processes were safe.

The management of medicines was mostly safe although further work was required to ensure people received their 'as required' medicines in the most effective way.

Staff felt well supported through training and supervision. Staff in the service worked well with each other and external professionals to ensure good health outcomes for people. People were provided with a nutritious and balanced diet that met their needs and preferences.

Care plans were not consistently detailed, or person centred, however, there was a consistent staff team in place, and they had got to know people well which meant they understood people's needs and preferences. People were well supported at the end of their lives.

The provider had made some effort since our last inspection to improve social engagement for people, but this was not enough to ensure people's social needs were always met. The registered manager had plans in place to improve this.

The provider had not always worked in line with the duty of candour requirements and we have made a recommendation about this.

People and their relatives knew the registered manager and felt able to speak to them if they had any concerns. Staff felt well supported by the registered manager and felt they provided them with good leadership. Relatives and staff told us they would recommend the home to others.

The registered manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support.

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 10 April 2019). There was one breach of regulation in relation to regulation 17 Good Governance. We met with the provider and they completed an action plan after the last inspection to show what they would do and by when to improve.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cheybassa Lodge Rest Home on our website at www.cqc.org.uk.

At this inspection enough improvement had not been made and the provider was still in breach of regulation 17. We also found two new breaches of regulations in relation to consent and submitting notifications to CQC as required. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Responsive and Well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cheybassa Lodge Rest Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to consent, governance and notifying CQC where required.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings be

Requires Improvement ●

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 Care Act 2014.

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

Inspection team

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cheybassa Lodge Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave a short period notice of the inspection because of the Covid-19 pandemic. Inspection activity started on 10 September 2020 and ended on 18 September 2020. We visited Cheybassa Lodge Rest Home on 15 September 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, care workers and the chef. We reviewed a range of records. This included four people's care records and multiple 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Guidance from Public Health England (PHE) was not always being followed to prevent the spread of Covid-19. For example, the provider had supplied staff with face masks, but staff did not always use these in line with guidance. We observed one member of staff not wearing their mask over their mouth and nose, the registered manager pulled theirs down to speak with a person and staff did not change face masks after taking a cigarette break.
- Staff and visitors were not always encouraged to socially distance. We observed staff who were sitting around a table together without wearing masks and were not 1+ metres apart. A relative told us the provider had facilitated visits in the garden, but a table and chairs had recently been removed so they needed to sit next to their relative on a bench.
- Temperature checks were carried out regularly to monitor symptoms of Covid-19 but we identified a staff member was not carrying this out in the right way. This meant they were not getting a true temperature reading.
- There had not been a cleaner in post since March 2020. The registered manager told us the care staff had taken on the cleaning. However, some staff told us they did not always have time for this and had not been able to undertake any deep cleans. The registered manager told us that care staff cleaned 'touch points' as they went about their duties, but we did not observe this happening during our site visit.

The lack of robust infection control practices placed people at risk of being exposed to infections. This included known risks associated with the current Covid-19 pandemic.

We recommend the provider seeks reputable guidance to ensure the prevention and control of infection.

- We were assured that the provider was accessing testing for people using the service and staff and the home had remained free of Covid-19.
- Staff were up to date with infection control training, including the donning and doffing of personal protective equipment.
- The home was clean overall.
- There were hand sanitising stations placed around the home and staff were seen to use these regularly.

Systems and processes to safeguard people from the risk of abuse

- The providers safeguarding policy did not provide guidance for staff about how to recognise and act on safeguarding concerns. This meant people may be at risk of abuse not being recognised or acted on

effectively by staff.

- Despite this, staff had received safeguarding training and had an adequate knowledge about how to recognise signs of abuse and keep people safe from harm. They told us they would report any concerns to the registered manager who they felt would act appropriately to ensure people were safe.
- Although the registered manager investigated safeguarding concerns, they did not always report allegations of abuse to the local authority or CQC as required. You can read more about this in the well – led section of the report.

We recommend the provider reviews their safeguarding systems and processes to ensure people are protected from the risk of harm and abuse.

- The registered manager told us they would update their safeguarding policy and inform the local authority and CQC with any future safeguarding concerns.
- Relatives felt their relatives were safe living at Cheybassa. For example, one relative told us, "We feel [Person's name] is in a safe place."

Assessing risk, safety monitoring and management

- Risks to people's safety had not always been safely managed. For example, some people were prescribed paraffin-based creams to alleviate skin conditions. These creams are flammable, but risks associated with this had not been assessed and no mitigation plans had been put in place. This increased the risk of harm to people. The registered manager told us they would implement risk assessments for these.
- One person was being supported to eat a soft diet. Some staff told us this was because they had swallowing difficulties, however a referral to a speech and language therapist (SLT) had not been undertaken so it was unclear if the person was eating the right consistency of food for their needs. This increased the risk of the person choking. The registered manager told us they would make this referral.
- When people behaved in a way that may challenge others, guidance was not always available for staff to manage the situation and there were no risk assessments in place. However, when we spoke with staff, they told us how they would do this in a way that protected people's dignity. The service sought the support of external professionals to help manage people's behaviour.
- Risk assessments were in place regarding areas such as the risk of falls, malnutrition and specific healthcare conditions. Staff mostly demonstrated they had a good knowledge of potential risks to people and how to mitigate them.
- Environmental risk assessments and audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment. However, we identified some concerns that could pose a risk to people who lived with dementia. For example, a freezer located in the activity area was kept unlocked and prescribed creams were not always stored safely. The registered manager told us they would review this.
- The service took appropriate action to reduce potential environmental risks such as fire and Legionella disease. Equipment, such as hoists and lifts were serviced and checked regularly.

Staffing and recruitment

- Three care staff were on duty during the day. People, staff and relatives felt this was enough for people to be safely supported. However, some staff and people felt this was not always enough to undertake other tasks such as cleaning and supporting people with social engagement.
- Staff told us there had not been a cleaner in post since March which meant they also needed to undertake cleaning duties. One staff member told us, "We haven't got the time to do all the cleaning, we have to put them [people] first before cleaning."
- Some staff told us they were not always able to support people to take part in social activities in line with their preferences. For example, one staff member told us, "We try and do an activity twice a day but there's not always time." Another staff member told us they could not take people out at the weekends because

there was no management in the home and there was not enough staff. We discussed our concerns with the registered manager who told us they had recruited an activities coordinator to help with social engagement and would look into recruiting cleaning staff.

- Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

Using medicines safely

- At our last inspection in February 2019, we identified concerns regarding medicine records. The guidance for staff to administer 'as required' (PRN) medicines in line with people's needs needed improvement. At this inspection, we found the registered manager had made efforts to improve these, but further detail was still required in some cases.
- For example, one person was prescribed a medicine for constipation, but the PRN protocol did not state how to recognise when the person was constipated, how this may be monitored, if any other methods should be tried first or what action to take if the medicine did not work. This could mean that people did not receive PRN medicines in the most effective way. We discussed this with the registered manager who told us they would ensure the PRN protocols contained the appropriate detail.
- Staff had received training in the safe management of medicines but had not been assessed as competent to administer medicines on an annual basis as the guidance from the National Institute of Clinical Excellence (NICE) sets out. This meant the provider could not be assured that staff were competent to support people safely with their medicines. The registered manager told us they would commence this.
- At our last inspection we found medication administration records (MARs) had not consistently reflected whether people had received their PRN medicines. At this inspection, these records were accurate.
- MARs reflected that people received their regular medicines as prescribed and safe systems were in place for the ordering and disposal of medicines.
- Health professionals provided us with positive feedback about the management of medicines. One told us how they had worked successfully with the home to reduce an anti-psychotic medicine for one person.

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to record, investigate the possible causes, learn lessons and take any identified remedial action to prevent a reoccurrence.
- The registered manager provided us with evidence that if a pattern emerged, action was taken to help ensure safety.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was a confused approach in the service regarding consent and mental capacity.
- Where there were doubts about people's decision making capacity, mental capacity assessments were usually not in place to determine people's level of capacity to make specific decisions. When we discussed this with the registered manager, they demonstrated a lack of understanding about when to undertake a mental capacity assessment.
- Some people needed walking frames to mobilise safely. We saw that these were removed from people when they sat in the lounge. This restricted the ability for people to be able to move safely on their own. When we discussed this with the registered manager, they told us that people were at risk of falling and by removing their walking frames they could not go for a wander. There were no mental capacity assessments or best interest decisions in place to evidence this restrictive practice was carried out in line with the MCA.
- In one person's care plan, there was guidance for staff to support a person with personal care even if they declined. However, there had not been a mental capacity assessment or best interest process put in place to ensure this was carried out in line with the principles of the MCA.
- The registered manager told us that some people's family members had consented to them having a

Covid-19 test but not all of these family members had the legal authority to consent to this on the person's behalf.

- The registered manager and some staff told us they would not allow any person to leave the home on their own due to safety reasons. However, some of these people had not had a DoLS applied for. This meant people may potentially be deprived of their liberty unlawfully.
- Not all staff could tell us how they applied the principles of the MCA in their day to day work or who had a DoLS in place and what this meant.

The failure to work within the principles of The Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would undertake additional training in order to develop a better understanding of the requirements of the MCA.
- Staff were seen to be offering choice for people throughout our site visit. For example, they asked them where they wished to spend their time and what they wanted to eat and drink.

Adapting service, design, decoration to meet people's

- At our last inspection we identified that some improvements were needed with the environment to ensure it met the needs of people who lived with dementia. At this inspection, we found good, clear signage was displayed throughout the home. The provider was also in the process of developing themed corridors and enhancing the design of bedroom doors to aid orientation.
- At our last inspection we found that communal areas were not always utilised in the best way for people. At this inspection, some improvements had been made. The nurse's station in the lounge had been redesigned so it looked less like a workplace and armchairs had been repositioned so people could enjoy the view of the beach. However, people still could not use the activity area because mobility aids and other items were kept there. The registered manager told us they would review this.
- Although the service was in need of some redecoration in places, it was mostly homely, warm and welcoming. Staff told us there was a redecoration programme in place which included the implementation of a wet room. Staff told us how this would benefit those who lived in the service.
- Some relatives told us the two garden areas needed improvement to make them more user friendly. We saw that one garden was overgrown and could not be used at all. The registered manager told us that due to Covid-19, the gardener had not been able to visit but would arrange for this to happen as soon as possible.
- Should they wish to, people could have personal fixtures and fittings in their bedrooms to make their rooms feel more homely. One relative told us, "[Person's name] passion is books. When she moved in, we were allowed to drill the walls in her room to fit her book shelves. She has her books and ornaments around her."

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

- People's needs were assessed prior to moving to the service and appropriate referrals made to other services, to ensure people's holistic needs were met.
- Best practice guidance was used to ensure consistency of practice. For example, nationally recognised tools such as the multi universal screening tool (MUST), were being used to assess people's nutritional risk.
- Staff made appropriate use of technology to support people. An electronic call bell system enabled people to call for assistance when needed.

Staff support: induction, training, skills and experience

- At our last inspection, staff did not receive regular supervision. At this inspection, staff received one-to-one sessions of supervision and staff told us these were useful. These provided an opportunity for a supervisor to

meet with staff, discuss their training needs, identify any concerns, and offer support.

- Staff told us they felt supported in their roles. Comments included: "[Registered manager] is really supportive.", "I can go to [Registered manager] with anything, professionally or personally and I know she will help." and "Yes, I'm well supported, [Registered manager] is very good, and the owners are as well."
- Staff completed a comprehensive range of training to meet people's needs, which was refreshed and updated regularly. In addition, they were encouraged to gain vocational qualifications relevant to their role.
- New staff completed an induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.

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

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs and preferences.
- People were offered a choice of food and drink and throughout the inspection we observed people received a variety of food and drink which they chose.
- Kitchen staff had a good understanding of people's dietary needs. Each person had a 'diet profile' and this included information about people's dietary needs including allergies, consistency of food and diabetic diets.
- We observed the lunchtime experience and found that people enjoyed their meals and were supported in an appropriate way.
- People who were at risk of dehydration had their fluid intake monitored effectively and we observed people being encouraged to drink well throughout our inspection.

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

- People were supported to access services to maintain and improve their health. People and relatives told us they received healthcare support when they needed it. For example, a relative told us, "[Registered manager] contacted the GP who wasn't too worried, so she got back in touch with the older person's mental health team. They had a dial-in appointment that included [Person's name] and she is now on early dementia medication. It is just one example of the home being proactive about [Person's name] care."
- Care records showed specific healthcare needs were being appropriately met.
- Professionals told us staff in the service worked well and jointly with them to ensure good outcomes for people.
- Staff felt they worked well as a team to ensure everyone was aware of a person's support needs or any change in these. Daily handovers took place to ensure important information about people was shared.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always 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

- At our last inspection we found that activities were not always reflective of people's preferences and there was a lack of stimulation and engagement for people. We made a recommendation about this. At this inspection, we found the provider had made some effort to make improvement in this area, but this was not enough to ensure people's social needs were always met.
- The provider had implemented a new activities schedule since our last inspection. This consisted of two individual activities and a group activity per day. Activities for individuals included: bird feeding, room making, laundry, baking and playdough. However, these were on the schedule for set days of the week and included all people. Although, this went some way to support people with what they enjoyed, it did not demonstrate a wholly person-centred approach because not everyone would enjoy taking part in these activities on a particular day. For example, we saw one person was very interested in birds whilst another person was not interested at all.
- Some people spent most of the time in their rooms. Staff told us they spent time with people individually in their rooms and chatted with them. However, due to a lack of documentation, it could not be evidenced how much stimulation and occupation was available for these people.
- Relatives provided mixed feedback about the activities on offer, and people told us there was not many activities. During the inspection, we observed an activity that lasted for approximately 20 minutes. We did not see any other activity being offered for the remainder of the time.
- We observed two people to be restless during the inspection. One person told us they would like more to do and to go out more. One staff member told us, "[Person's name] is desperate to go out." We were not able to see how the provider had ensured these people's social and emotional needs were met.
- We discussed our concerns with the registered manager who told us they had identified a care staff member to be the activities coordinator so activities could be more creative, person-centred and frequent. This staff member was undertaking training in activities. They had additionally ceased outings because of Covid-19 and told us they would look at how to meet the needs of those who wished to go out.

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

- At our last inspection, care plans were not consistently detailed, or person centred. At this inspection, although improvement had been made, further work was still needed to ensure care plans always contained personalised information about people.
- For example, on one person's care plan it stated that a person often declined personal care. There was no

information in the care plan about what methods staff could try to encourage the person with this. Other people's care plans stated that they may need different support on good and bad days but there was no description about what a good or bad day could look like for the person.

- Despite information in care plans not always containing detailed information, it was evident staff knew people well. They were able to describe what worked well for people to ensure their personal care needs were met in a way that suited them and how they supported people on good or bad days. Relatives confirmed this. One relative told us, "I feel the girls [care staff] know [Person's name], they know her likes and dislikes."
- There was a consistent staff team in place which meant staff had got to know people's needs and preferences well. However, new or temporary staff would need to rely on the care plans to ensure people received care and support in line with their needs and preferences. We discussed this with the registered manager who told us they would review information in care plans.
- Relatives confirmed that they and people were initially involved in the implementation of their care plans. Although relatives told us they had not been invited to take part in any formal reviews since then, they were confident that any changes were addressed, and people were appropriately supported. One relative told us, "[Person's name] needs have changed a lot since she came in, there hasn't been any formal review, we just sort it out over the phone or email with [Registered manager]. I think the home are responding well to [Person's name] changing needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs and used this so people could make decisions in their day to day life. This helped to demonstrate how the provider was meeting the requirements of the AIS.
- Information about people's communication needs was recorded in their care plans.

End of life care and support

- The service supported people and their families in relation to end of life care although no one was receiving end of life at the time of our inspection.
- Care plans were in place which detailed people's wishes regarding end of life care. A relative told us, "I've filled out an end of life form about [Person's name] wishes. One of the carers sat with me and [Person's name]. It was nice."
- Staff told us they had received training and felt competent and confident in supporting people at the end of their lives.
- One professional provided positive feedback and told us, "I have found them [staff] kind and caring in end of life patients and professional."

Improving care quality in response to complaints or concerns

- A complaints procedure was available, and people knew how to access this. People and relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- We viewed complaints records, and these demonstrated that complaints were investigated and resolved for people.
- The provider analysed complaints in order to identify any themes or patterns. This enabled them to make improvements in any identified areas.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

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: Continuous learning and improving care

- Services that provide health and social care to people are required to inform CQC of important events that happen in the form of a notification. Important events include allegations of abuse and serious injury. The provider had not always notified us of events that they were required to do so by law. This meant that the Commission had been unable to monitor the concerns and consider any follow up action that may have been required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At our last inspection a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because the governance of the service was not effective.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 17.

- There was a quality assurance process in place consisting of a range of audits, including: medicines management, infection control, environment and care plans. In addition, a representative of the provider conducted regular overview audits.
- However, the systems had not always been effective in identifying the concerns we found at this inspection such as not meeting the requirements of the MCA or fully addressing concerns from our last inspection such as personalised care plans. More information about this can be found in the safe, effective and responsive sections of this report.

The failure 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 was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to our feedback and told us about some of the changes they were going to implement following the inspection.
- Other areas of the service had improved. For example, the analysis of complaints, accidents, incidents and feedback from people.

- Although the provider and registered manager demonstrated commitment to the service and were working hard to make improvements at Cheybassa, this was the third consecutive rating of requires improvement. The registered manager was open and honest and when we identified gaps in their knowledge, they expressed a desire to improve.
- The registered manager was undertaking a vocational training programme and attended events run by other agencies to increase their knowledge.
- The registered manager had responsibility of the day to day running of the service and told us they were well supported by the provider. Staff were supported to understand their roles and responsibilities through staff meetings and supervisions.
- Providers are required to display their CQC rating at their premises and on their website if they have one and we saw that this was prominently displayed.

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

- Providers are required to act in an open and transparent way when people come to harm. We identified one example of where a person had sustained a serious injury following a fall, but there were no records to confirm that they or their relatives had been given information, support or an apology about the incident, as required by the regulation.
- When we discussed this the registered manager, they told us they were not fully aware of the requirements of this regulation.

We recommend the provider seeks reputable guidance in order to meet the requirements of the duty of candour.

- The registered manager told us they would increase their knowledge and act on the duty of candour in the future.

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

- We found the service wasn't always empowering of people because there was a lack of understanding of the MCA. You can read more about this in the effective section of this report.
- Despite this, people, relatives and staff told us they felt the service was run well and said they would recommend it to others. Comments included: "We would absolutely recommend the home, it is well run and very homely," "We feel very, very lucky to have [Person's name] living here. The staff are very caring," and, "I can only praise them; the level of care is excellent."
- The registered manager and all the staff we spoke with told us they were committed to providing person centred care. A staff member told us, "I think we do very well at providing person-centred care. We know them [people] so well, it's lovely to be able to help them in the way they want."
- The registered manager provided supportive leadership. Staff told us the registered manager was approachable and they felt supported by them. For example, one staff member told us, "[Registered manager] is a really lovely boss, you can approach and talk to her. I do feel you get support from her, anything you say she will look into."

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

- People's and relatives' views were sought. The provider had arranged for surveys to be sent out and had responded to any feedback. The responses were then analysed and any themes or patterns identified so improvements could be made.
- The provider had engaged people in some aspects of the running of the home by asking their views about

food and outings, for example. Relatives with the exception of one said they could not recall being invited to attend a meeting. The one relative who had attended told us it was very useful and thought it would be good to have them more regularly. Despite some relatives not going to meetings, they felt able to provide feedback at any time due to the openness of the registered manager.

- Feedback received was predominantly positive. We saw that where people and relatives had made suggestions, these were acted on. For example, a meeting with the chef and a different brand of soup was provided for one person who had provided feedback about the food. A relative told us, "[Registered Manager] is very helpful, if I email, she'll ring me with an answer, she is giving of her time."
- Staff told us they felt valued and listened to. They told us they could voice their views during staff meetings, supervisions and any time in between.
- We found the home mostly worked closely with other professionals to ensure people received effective, joined up care. A health professional we spoke with was positive about the approach of the provider and registered manager and told us, "I believe [Provider's representative] and [Registered manager] are doing a wonderful job there. They seem to be aware and active on all developments and issues."

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 failure to notify significant events as required.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The failure to adhere to the principles of the Mental Capacity Act 2005.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service, and the failure to maintain an accurate, complete and contemporaneous record in respect of each service user.