

Mr Geoffrey Walden Knights

# Chypons Residential Home

## Inspection report

Chypons  
Clifton Hill  
Penzance  
Cornwall  
TR18 5BU

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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

This inspection took place on 12 January 2018 and was unannounced. Chypons is a 'care home'. 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.

Chypons accommodates up to 25 people older people who do not require nursing care. The service is located over three floors, passenger lifts and chair lifts were provided to support people with difficulty mobilising. At the time of our inspection 24 people were using the service.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had two full time registered managers. This meant a registered manager was on duty each day to provide any leadership and support required. Both registered managers worked together one day per week to ensure they took a consistent approach to any issues. Staff told us this system worked well and their comments included, "They are both good, approachable. If you need them they will help" and "I prefer having two registered managers, it means there is always someone there to support you."

People told us they were happy living at Chypons and were well looked after by staff who they described as, "Kind", "Friendly" and "Caring". Relatives were also complimentary of the service and told us, "I'd give it 10 out of 10", "If I had to end up in a care home I would come here" and "The staff have been here a long time. They stay, so they know mum well and that really helps."

Staff had received safeguarding training and understood their responsibilities in relation to protecting people from abuse and harm. Records showed managers had made appropriate safeguarding alerts and investigated reported issues to ensure people's safety.

Risks to individual's had been assessed. Care plans provided staff with guidance on how to manage identified risk to ensure people's safety. When accident and incidents occurred these were documented by staff and investigated by a registered manager to identify any changes to procedures that could be made to prevent similar incidents reoccurring.

There were enough skilled staff available to meet peoples' care needs and records showed planned staffing levels were routinely achieved. One staff member was absent due to sickness on the day of our inspection and prior to our arrival the registered manager had arranged for an off duty staff member to cover the shift. Staff told us, "Generally staffing levels are quite good" and "I think there are enough staff."

Necessary staff pre-employment checks had been completed for new staff and there were systems in place

to provide new staff with an appropriate induction. Staff training needs had been met and there were systems in place to ensure training was regularly updated. Staff comments included; "We do training every year and little assessments through the year to check that we remember what we have been taught" and "The training is in depth and very relevant." Staff told us they were well supported by the registered managers and records showed they had received regular supervision.

People got on well with their care staff and requested support without hesitation. People told us, "Staff respond quickly if I press the call bell" and we saw that staff responded promptly to people's requests for support.

People's medicines were managed safely by staff that were trained and sufficiently skilled. All medicines were stored securely and provided as prescribed.

People needs were assessed before they moved into the service to help ensure those needs could be met. Based on information gathered during the assessment process individualised care plans had been developed. These documents provided staff with clear guidance on how to meet each person's individual needs. The service had introduced a digital care planning system in October and staff used tablet computers to access people's care plans and record details of the care and support provided each day. Staff told us, "It's a nice clear way to do it. Quite concise, accessible and understandable" and "There is enough information in the care plans."

The service did not have a dedicated activities coordinator. However, staff told us, "There is an extra member of staff in the afternoon until 16:00 to do activities." Records showed that external entertainers visited regularly and that people had been supported to go out on bus trips to local areas of interest.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and people's care plans provided staff with information on how to present information to support people to make decisions and choices. However, the registered managers did not fully understand their responsibilities under the Deprivation of Liberty Safeguards (DOLS). We have recommended that both managers complete additional training to ensure they fully understand the legislation.

The service had a complaints procedure in place and people's feedback on the service's performance was valued and acted upon. Residents meetings were held regularly and issues raised had been addressed. Quality assurance processes were appropriate and designed to drive improvement in the service performance.

The provider was in the process of making significant improvements to the service environment to ensure people's comfort and safety. Recent works had included the replacement of a number of windows, improving internet access throughout the service, upgrading sluice facilities and installing new boilers. Further works were planned to update fire detection systems, install a wet room and replace carpets in communal areas.

## 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 remained safe.

### Is the service effective?

Good ●

The service was effective. Staff were well trained and had received appropriate support and supervision from managers.

People's nutritional needs had been met and fresh ingredients were available to kitchen staff.

Staff sought people's consent before providing support.  
Manager's did not fully understand their responsibilities under the deprivation of liberty safeguards.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remained well led.

# Chypons Residential Home

## **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 inspection took place on 12 January 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

The service was previously inspected in October 2015 when it was found to be good overall but require improvement in relation to our question, 'Is the service effective?' This was because staff had not received regular supervision and support.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with five people who used the service, three relatives who were visiting, five members of care staff, the maintenance person, finance officer, a deputy manager and one of the registered managers. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included three care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

# Is the service safe?

## Our findings

People told us they enjoyed living at Chypons and staff reported that people were safe and well looked after. Their comments included; "I think people are safe", "I would say people are safe" and "I think people are safe, we do our best and we have lovely residents."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Safeguarding training was included in staff induction training and regularly updated. All staff had also received equality and diversity training and understood their duties to ensure people were protected from discrimination. In addition, safeguarding processes were discussed during residents meetings and people were encouraged to report any concerns. Staff told us they would report any safeguarding concerns to the registered manager who they were confident would take any action necessary to ensure people's safety. In response to a safeguarding example we provided one staff member told us, "You can't let something like that go. If it came to it you don't have any friends." Records demonstrated managers had previously acted to ensure people's safety following incidents. They had worked collaboratively with relevant authorities to fully investigate concerns reported. Staff disciplinary procedures had been used appropriately to ensure people's safety.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited and analysed monthly to identify any trends or areas of increased risk within the service. Where any patterns were identified procedures were changed to protect people from the identified risk. Staff were concerned for one person's welfare as they had experienced numerous falls. These falls had been fully documented, the individual care plan updated and details of the falls reported to the health professionals and additional guidance requested.

We observed six examples of staff using equipment to support people to mobilise. Most transfers were completed correctly by staff who provided clear instructions and reassurance throughout the process. However, we noted that on two occasions some of the sling straps were not correctly fitted and this resulted in the person being unsteady during the transfer. We raised this issue with the registered manager who agreed to review transfer practices to ensure people's safety. During the inspection we also observed one incident where lifting equipment was used successfully to prevent a person slipping from a chair.

There were personal emergency evacuation plans (PEEPS) in place for staff to follow should there be an emergency. Staff had received fire safety training and we saw all fire fighting equipment had been regularly serviced. Other necessary inspections of the service's electric circuits, gas boilers, water supply and lifting equipment had been completed by suitably qualified contractors.

During the inspection we observed there were enough staff available to meet people's needs. On the morning of our inspection one staff member was absent due to sickness and arrangements had been made, before our arrival, for another staff member to cover their shift. Staff told us, "Generally staffing levels are quite good", "I think there are enough staff" and "We were one short this morning but they arranged for someone else to come in." There were systems in place for agency staff to be used in the event that the staff

team were unable to cover a planned care shift. This arrangement had been used infrequently and the registered manager told us agency staff had only been used on ten occasions in the 12 months prior to our inspection.

The service had suitable recruitment procedures. Necessary checks had been completed to demonstrate that staff employed had skills and knowledge necessary to meet people's needs. Staff files contained records of pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks.

Medicines were administered to people by staff that were competent to carry out the role safely. Medicines were administered as prescribed and Medicines Administration Records (MAR) had been fully completed. Medicines storage facilities were secure, clean and well organised.

Some prescription medicines required stricter controls. These medicines were stored correctly and accurately documented. There were appropriate systems in place for the ordering, management and disposal of medicines. An external audit of these systems, completed by a pharmacist in August 2017, had also found that the service's medicines management systems worked well.

The environment was clean, tidy and free of adverse odours. Each day there were two domestic staff and a laundry person on duty. Schedules were in place to help ensure people's bedrooms were cleaned regularly and all communal areas cleaned daily. Staff used personal protective equipment appropriately throughout the inspection. To further reduce infection control risks people who required support from equipment to mobilise safely had been allocated individual slings. The service's sluice facilities were in the process of being updated to ensure they complied with current guidance. In the laundry room we noted that washable carpet tiles had been installed and that dirty laundry was stored on the laundry floor prior to washing. This is contrary to current best practice guidance and was raised with the registered manager during feedback at the end of the inspection.

There were systems and procedures in place to support people with their finances. Where the service held people's money it was stored securely and detailed records and receipts were maintained for all expenditure. We audited three people's financial records and found they balanced.

# Is the service effective?

## Our findings

Detailed assessments of people's care and support needs had been completed before individuals moved into the service. This was done to help ensure the service could meet the person's needs, expectations and preferences without impacting on people already using the service. Information gathered during the assessment process was used as the basis for the person's care plan.

New technology had recently been introduced to the service in the form of an electronic care planning system. All of the service's care planning documentation had been successfully transferred over to the new system which was fully operational. Staff used tablet computers to view people's care plans and record details of the care and support provided each day.

Staff were knowledgeable about the people living at the service and had the skills necessary to meet their needs. Newly employed staff were required to complete an induction before providing care. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. We asked staff about their first week of employment and were told, "Basically I was shadowing and observing staff, getting used to the routines and learning what people like." On the day of our inspection there was a new staff member on duty who was completing a shadow shift. This staff member told us, "I am not fully confident yet but there are some people who I can do on my own."

The deputy manager was responsible for managing staff training needs and had systems in place to ensure all training was updated regularly in accordance with the provider's policies and procedures. We reviewed these records and found staff had received regular training on topics including, safeguarding adults, food hygiene, dementia, pressure ulcer prevention, fire safety and manual handling.

On the day of our inspection two staff were completing training courses with support from the deputy manager. Staff told us, "We do training every year and little assessments through the year to check that we remember what we have been taught", "I am in for managing challenging behaviour and pressure sore training today", "We have a mix of DVD and booklet training with [the deputy manager]" and "The training is in depth and very relevant."

Team meetings were held regularly and staff received regular supervision. Records showed staff had been supported to identify their training and development needs. Staff reported that they were well supported by their managers commenting, "[One of the registered managers] is my supervisor, we have a meeting every three months or so."

People's healthcare needs had been monitored and discussed with the person or relatives as part of the care planning process. Family members told us the managers kept them up to date with any changes in

their relative's health needs and commented, "Communication is great". Care records showed visits from health professionals including GP's speech and language therapists and district nurses were taking place as required.

People told us they enjoyed the food provided and the fish and chips served at lunch on the day of our inspection was tasty. People and relatives comments in relation to the food provided included, "Food is good, lots of it", "[The food is] very good but the portions are too big" and "My relative is very happy with the food."

Fresh fruit and vegetables were readily available and catering staff told us there were no undue restrictions on budgets. They told us their meat suppliers had recently been changed when they had noticed a decline in the quality of produce provided. Catering staff had a good understanding of people's nutritional and hydration needs and where processed diets were required, individual ingredients were served separately. The kitchen had been awarded a five star food hygiene rating and saucepans and the dishwasher had recently been replaced.

Where possible and practical the service had adapted the premises to meet people needs. For example, one person whose vision was in decline, had been offered and had accepted a bright corner room with multiple windows. Additional lighting had also been supplied to enable the person to remain as independent as possible. The service employed a full time maintenance person and records showed any defects identified had been promptly addressed.

Significant modernisation works were underway and planned at the time of our inspection. Wifi internet was available throughout the service and fire detection systems were about to be upgraded. Carpets in communal areas were due to be replaced. In addition there were plans in place to convert one of the bathrooms into a dedicated wet room to give people additional bathing options.

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. Staff understood the importance of respecting people's choices and sought consent before providing support. Where people's capacity to make decisions was limited staff were provided with guidance on the sorts of decision the person had capacity to make and guidance on how to present information to enable them to make choices.

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. We found the service had identified some individuals who lacked capacity to make some decisions had restrictive care plans in place to keep them safe. Appropriate applications had been made to the local authority for the authorisation of these care plans.

Prior to our inspection managers and staff had become concerned about one person's safety when accessing the community. These concerns had been discussed and documented during management meetings and regularly reported to professionals. The managers had sought specific guidance on preventing the person from leaving the service from a health and social care professional. The registered manager reported that they had been advised that the person had capacity and was therefore free to leave if they

wished. We reviewed this person's care records and recent incidents and accidents that had occurred while the person was accessing the community and discussed their needs with the registered manager. It was clear from these conversations that staff knew the person well and had significant and valid safety concerns. Following our discussions with the registered manager further guidance was sought from health professionals. It was clear from our conversations with the registered manager that they did not entirely understand their responsibilities in relation to this individual's needs.

We recommend both registered managers complete additional training in relation to the Mental Capacity Act and the Deprivation of Liberty Safeguard to ensure they fully understand and implement this legislation.

The service did not use physical restraint and people were able to move around the service without restriction. Each person's care plan included information about events likely to cause anxiety, and guidance on how to meet people's needs if they became upset. The deputy manager told us, "We have a 'no restraint' policy but staff do the training so they know how to avoid situations."

At the time of our inspection Chypons was in the middle of a significant programme of modernisation. The service's boilers had recently been replaced, the sluice room was being modernised and double glazing had been changed in a number of people's bedrooms. In addition, contractors had been commissioned to replace the service's fire detection and wiring systems to bring them in line with current standards. These significant works were being planned in such a way so as to minimise their impact on people living in the service.

# Is the service caring?

## Our findings

On the day of our inspection the atmosphere in the service was calm and relaxed. Staff were friendly and concerned for the welfare of the people they supported. People were complimentary about staff and told us, "Staff are kind and friendly", "I am looked after well here", "Staff are kind" and "I am happy here." Relatives said, "Mum is very happy here" and "[My relative] is as happy as he can be."

People were comfortable requesting support from staff and we observed that staff responded promptly when people used call bells from their rooms to request assistance. People told us, "Staff respond quickly if I press the call bell" and "They sometimes respond to the call bell quickly but I am aware staff may be busy." People were able to easily access outside spaces and we observed staff supporting people to access the balcony and regularly checking they were safe and warm.

The service had a stable staff team and relatives told us this was beneficial as staff knew people well and understood their specific needs. Relative's comments included, "Staff are as good as gold" and "The staff have been here a long time. They stay, so they know mum well and that really helps."

We saw staff chatting and spending time with people in communal areas throughout the day. At lunch time most people enjoyed eating together in the dining room. Where support was required this was provided discreetly and with compassion. Staff told us they enjoyed spending time with people and commented, "I really enjoy looking after the people here" and "[People] are all lovely."

People were able to make choices about their daily lives and staff respected these decisions. A relative told us, "Mum chooses to stay in her bedroom in the morning. She goes to the dining room for lunch and then stays out." Care plans included guidance for staff on how to support people to make meaningful decisions and staff told us, "People choose when to get up and when to go to bed" and "I don't force anybody to do anything."

Staff supported people to maintain relationships with family and friends. There were no visiting time restrictions and relatives were actively encouraged to visit whenever possible and always made to feel welcome. The service also recognised the impact a person moving into a care home could have on their relatives. Relatives told us they felt well supported by care staff and managers. Their comments included, "Staff are approachable and kind. They communicate well with me" and "They have supported me as much as [my relative]."

Bedrooms had been personalised with people's belongings, including furniture, photographs and ornaments to help people to feel at home. Staff knocked on people doors and waited for responses before entering. While providing support staff ensured doors and, where necessary, curtains were closed to protect people's dignity and privacy.

People's care records were stored securely in accordance with current data protection guidelines. Most information was stored digitally via secure hand held devices and there were appropriate systems in place

to ensure all paper records were held confidentially.

## Is the service responsive?

### Our findings

People's needs were assessed before they moved into the service. This was done to ensure the service could meet the person's individual needs and expectations. Information gathered during the assessment process was documented and used in the development of initial care plans.

Care plans were held digitally and accessed by staff using tablet computers. This system had been introduced approximately three months prior to our inspection and staff now used these records as their primary source of information about people's needs. Staff told us they were getting on well with the new system and commented, "The care plan system is amazing, it is a blessing" and "It is easy to find information." In addition, the service maintained back up paper care plans for use in the event the digital system failed. We reviewed both the digital and paper based records and found they accurately documented people's care and support needs.

Each person's care plan included details of their specific needs and information about their preferences in relation to how support was provided. Staff were also provided with information about the person's life history, interests and hobbies. This information was included to help staff understand how the person's background could impact on their current care and support needs.

Staff handovers were held at each shift change. We observed the staff handover during the afternoon of our inspection. Information about any observed changes in people's care needs, details of how people had spent their day and any additional support needs identified was shared with staff coming on duty by the registered manager. This meant all staff had a good understanding of people's current care needs and had the information they needed to deliver care consistently.

Records showed people's care plans were reviewed and updated regularly. Staff told us the care plans accurately reflected people's needs and we observed staff providing support as described within people's care plans. Staff told us, "It's a nice clear way to do it. Quite concise, accessible and understandable" and "There is enough information in them." Care plans provided staff with sufficient detailed information to ensure their physical and mental health needs were met.

People's preference in relation to how support should be provided at the end of their lives had been discussed and recorded as part of the care planning process.

The digital care planning system provided staff with prompts and lists of care tasks to be completed each day. Where planned tasks had not been logged as completed this issue was highlighted to staff to ensure people's needs were met. We reviewed the records of the care and support people received each day. These documented how the person had spent their time, details of diet and fluid intake and their general mood. Staff told us, "We have a set time each day to do records."

Where people had difficulty communicating effectively staff were provided with detailed guidance on

appropriate techniques for sharing information to facilitate choice. For example, one person's care plan stated, "When you find it difficult to understand [person's name] ask him to clear his throat and speak calmly. If you still struggle to understand what they are saying to you then get a pen and paper and ask him to write down in capital letters as his handwriting can be difficult to read."

Information about people preferences in relation to activities and crafts was recorded within their care plan. For example one person's care plan stated, "[Person's name] enjoys arts and crafts. He will always participate in the art workshops provided in in the home."

Although there was not a dedicated activities coordinator at the service one member of care staff was allocated to provide support with activities each afternoon. Staff told us, "I have found there is quite a varied range of things for people to do, Elvis impersonator, choirs, art group and knitting group. Usually in the afternoons", "There is an extra member of staff in the afternoon until 16:00 to do activities" and "We have someone doing activities in the afternoon, its nails today I think." Bus trips to local site of interest were arranged each month. Three trips had been arranged over the Christmas season to visit light displays in local villages. Staff told us people had, "loved" these trips.

People told us they enjoyed participating in these activities and one person commented that they would like to do more knitting. However, another person told us, "I just seem to watch telly." The deputy manager recognised that improvements could be made to the activities available. They explained their intention was to provide additional support to staff allocated to activities so they could plan and facilitate a greater range of events.

People and their families had been given information about how to complain and details of the complaints procedure were displayed in the service. People told us they were happy with the support provided. Relatives said, "We have no concerns here" and "If you have any concerns you can talk to staff."

## Is the service well-led?

### Our findings

People told us, "I am very happy here" while a visiting relative said, "I'd give it 10 out of 10" and "If I had to end up in a care home I would come here."

Staff worked well together to create a positive atmosphere at the service. Staff comments included, "Everything is going well", "There is nothing wrong here at all" and "I am really happy here, we have lovely residents and brilliant management, it is great." The registered manager recognised and valued the staff team's commitment to meeting people's needs and commented, "I am just proud of my team."

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service employed two full time registered managers. This meant that one of the registered managers was on duty every day to provide leadership and any support required.

Both managers worked together each Wednesday to ensure effective communication and a shared approach was taken to any significant issues. The registered manager we spoke with told us, "I believe [having two registered managers] works well." Each registered manager had individual areas of responsibility and there was a well understood management structure at the service. The registered managers were supported by two deputy managers, a finance officer and an administrative officer. The registered manager said they were well supported by the provider who visited the service regularly.

Each week, each registered manager completed a care shift as a senior carer. This meant both managers had a detailed understanding of people's individual needs, staff practices and any day to day issues. Staff told us they were well supported by both registered managers. Formal staff handovers were held at the beginning of each shift and team meetings were held regularly. This provided staff with a variety of opportunities to discuss any problems, issues or planned changes within the service. Staff comments included, "The managers are good, very approachable", "The manager is really nice to talk to", "They are both good, approachable. If you need them they will help" and "I prefer having two registered managers, it means there is always someone there to support you."

There were procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing medication procedures, care plans, infection control systems, the environment and any accidents and incidents that had occurred.

Formal residents meetings were held each month and people were encouraged to provide feedback on their experiences within the service. Where people had requested specific changes these requests had been further discussed during subsequent management meetings and actioned where possible. In addition, people had recently been invited to complete a survey to provide feedback on the service's performance. Seventeen people had responded and the feedback provided was complimentary with the majority of

people reporting they were happy with the quality of care and support provided.

The provider was making significant investments in the service by improving the infrastructure of the building. This included; replacing windows, updating wiring, investing in internet access and a new fire detection system, installing new boilers, introducing digital care planning systems; updating sluice facilities and replacing sections of the roof. This demonstrated the provider's commitment to ensuring people were comfortable and had access to up to date facilities.

Information about the service's most recent inspection results and CQC rating was displayed in the reception area in accordance with requirements. People's care records were held securely and confidentially.