

Mrs R Deane and Mrs J Brown

Chy Byghan Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Good	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

Overall summary

Chy Byghan Residential Home provides accommodation and personal care for up to 19 predominantly older people and had 14 people resident at the time of our inspection. The service currently does have a manager but they are not registered yet. . 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.

We carried out this unannounced inspection of Chy Byghan on 10 November 2015. At this visit we checked what action the provider had taken in relation to concerns raised during our last inspection in May 2015. At

Summary of findings

that time we found breaches of legal requirements related to unsafe staffing numbers and recruitment practices, unclean and not properly maintained premises, and risks

associated with unclear consent procedures in relation to the Mental Capacity Act (2005) and associated Deprivation of Liberty guidelines. There were also breaches concerning failures to meet people's needs and a failure to provide an effective and accessible complaints system. In addition the provider's systems designed to assess, monitor and improve the quality of care the service were ineffective.

The service achieved a rating of Inadequate and was put into Special Measures by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures are fully inspected again within six months.

During this inspection we found the service had made significant improvements in the quality of care provided. We found there were enough staff available to keep people safe and meet their needs. Since our previous inspection, afternoon staffing levels had been increased to ensure people's safety. This increase meant there were enough staff available to meet people's care needs where they required support from two members of staff.

There was a cheerful, upbeat atmosphere at the service and people told us they were happy to be living at Chy Byghan. Staff were observed to be kind, patient and friendly towards the people they supported.

We found people were kept safe when being given their medicines because the service had introduced new procedures designed to ensure people received the

correct medication when it was needed. Medicine recordings were kept accurately and an external pharmacy audit had found the service was following safe practices.

People's care plans had been completely re-written in a clear and easy to understand way since our last inspection. We saw people had been involved in the development of their new care plans and had signed to formally record their consent to the planned care. There was historical information to aid staff in understanding the life and history of the person they cared for.

The service was providing staff with effective training, supervision and appraisal in line with its own

organisational policy. Staff told us they were now receiving regular supervision. Staff told us they felt 'much better about the running of the home'.

People at the service had been assessed appropriately under the Mental Capacity Act (2005). Where people lacked capacity, decisions about their care and support needs had consistently been made in the persons best interests. Where people's freedoms had been restricted to ensure their safety appropriate Deprivation of Liberty applications had been made.

The service had employed an activities co-ordinator and a range of stimulating

activities were now available at the service. People told us how much they enjoyed the new programme which included crafts and sing a-long sessions.

The service had a policy and procedure in place for dealing with complaints. This was followed

in practice and was made available to people and their families. People understood the service complaint procedure but told us they had not wished to make any complaints.

The provider was operating safe recruitment practices. Recruitment records showed all appropriate pre-employment checks had been completed before new members of staff started work at the service.

The registered provider had ensured maintenance of standards of hygiene at the service had improved since the last inspection.

Summary of findings

Chy Byghan demonstrated improvements in operating an effective governance system, including assurance, and auditing systems and processes. The purpose of these systems is to assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. People and their families had been asked to give structured feedback about the quality of the service.

Staff told us they had experienced extensive positive changes in how the service was led since the last inspection. Staff told us they believed the service was now well led. The manager acknowledged the staff team had worked hard to improve the running of the service and was happy there was now a consistent, motivated staff team working at the service.

Summary of findings

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 safe.

Risks to people's health and welfare had been consistently assessed and there was sufficient guidance to help staff to manage risks safely.

There was an emergency evacuation plan available for people to have an overview of procedures to take in an emergency situation.

There were sufficient numbers of staff available to meet people's needs.

Medicines were managed and administered in a safe way.

Good



Is the service effective?

The service was not entirely effective.

Staff had begun to receive effective training and as a result were developing the skills and knowledge to provide consistent effective care in line with people's specialist needs, such as dementia.

Staff demonstrated a working understanding of the legal requirements of the Mental Capacity Act (2005). Management took responsibility for carrying out MCA assessments where required. Deprivation of Liberty Safeguards procedures had been followed by the service.

The service had made regular appointments with health care professionals when needed.

The service was now providing staff with effective supervision and appraisal in line with its organisational policy.

Requires improvement



Is the service caring?

The service was caring.

People's preferences and choices were recorded to ensure they received personalised care.

Everyone who lived at the service had a care plan in place that assessed their needs and how these were to be met.

Staff were caring and respectful when people needed support, or help with personal care needs.

Good



Is the service responsive?

The service was responsive.

People were supported to receive prompt and appropriate healthcare when required.

The service provided a suitable range of activities for people to participate in.

Good



Summary of findings

People and visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Is the service well-led?

The service was not yet entirely well led.

The service was being run by a manager that was not yet registered . The manager was not able to make an application to register due to enforcement action that has now ended. The provider has assured CQC that the current manager will now make an application to be officially registered as manager.

There was an appropriate response to the enforcement action put in place following the last inspection. Management had worked hard to meet the requirements of their action plan and we found much improvement in the quality of the service.

People who lived at the service, their relatives, staff and allied professionals who were familiar with the running of the service all agreed that the service was now well led.

Requires improvement



Chy Byghan 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 10 November 2015 and was unannounced. The inspection was carried out by two inspectors.

The inspection was carried out to check if the service had met specific needs identified following the last inspection carried out on 26 May 2015, when the service was deemed to be inadequate and put into Special Measures.

In preparation for this inspection we looked at the inspection action plan provided by the service following the last inspection. We looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spoke with twelve people who were able to express their views of living at the service, five staff members, the service manager and four relatives and two external professionals with experience of the service. We looked around the premises and observed care practices on the day of our visit. We looked at documentation relating to the care of individuals, three staff files, including training records, staff duty rosters, medicine records and other maintenance records relating to the running of the service.

Is the service safe?

Our findings

People told us they felt safe living at Chy Byghan. One person told us, “I really love it here. It’s my home and I know the staff would do anything they could for me. I do feel safe here”.

We looked at how the service managed medicines in order to be confident that people were protected against the risks of unsafe medicines administration. At the last inspection we had concerns that medicines were not being handled safely, securely or appropriately. Since the last inspection the service had made changes to ensure these issues were resolved. For example, medicines were now administered by designated staff members during each care shift. This was either the manager or a senior carer who wore a ‘Do not disturb’ tabard during the medicine round to ensure they could concentrate fully on safely ensuring people were provided with their medicines. People told us they appreciated knowing when to call on another member of staff rather than disturb the medicines round as it also speeded up the process.

We saw that the majority people’s medicines were now administered from a pharmacy pre-filled administration system. This simplified the process and made it clearer what medicines each person had been prescribed. We checked and audited the service stock of controlled drugs and found these were accurate and stored appropriately.

Medicine records were accurate and neatly recorded. People were receiving their medicines when they were supposed to. If for any reason a person was unable to take their medicine this was appropriately recorded. People told us they received their medicines when they should each day.

The service had carried out regular stock and medicine audits to ensure there was enough supply of medicines available to people. The service had purchased a dedicated medicines fridge and there was regular temperature monitoring of medicines which required cool storage.

Staffing levels were adequate to make sure people’s needs were met. At the last inspection we had concerns about the number of staff available to assist people during the afternoon period, particularly when one staff member was required to prepare the evening meal. This left one carer to support people, some of whom required two help to assist them. The provider and manager had recruited additional

staff members and now ensured there was enough afternoon cover available to meet people’s needs and prepare dinner for people. Staff confirmed there were now enough staff available. One staff member told us, “Everything is much, much better. Staff are less rushed off their feet, the atmosphere is happy and people are working as a team”. Rotas demonstrated there were enough staff available for each shift and staff confirmed, “We feel more in control of everything now”. The manager told us discussions with the provider had taken place and in the event of more staff being required at short notice the service would not hesitate to use agency staff.

New staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required, to provide care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks, to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The service had put in place appropriate risk assessments to keep people as safe as possible without limiting their freedom and independence. There were both personal and environmental risk assessments in place with details of the potential hazard, such as trip hazards, scald hazards and fire hazards. The risk assessments were personalised and designed to enable people to make choices and take risks while ensuring their safety.

Systems were in place to protect people from the risk of abuse. Staff had received training in this area and had an understanding of how to keep people safe from abuse. Staff were clear about when and how to report allegations of abuse to the local authority. The manager had not needed to make any recent alerts to the Multi Agency Referral Unit but understood when it was appropriate to do so.

The service was clean, well maintained and there were no unpleasant odours anywhere at the service. The cook told us they had been provided with extended hours to make sure cleanliness in the kitchen was kept to a good standard and a new cleaner had been employed to undertake deep cleaning of people’s rooms and communal areas. This was recorded on a cleaning rota which was kept up to date. However, we noted that the colour coded mop heads in use by cleaning staff needed changing more regularly. This was brought to the attention of the manager of the service who agreed this equipment would be replaced.

Is the service safe?

During the last inspection we were concerned that a bathroom was being used to carry out open sluicing for the service. The provider had addressed this issue by purchasing a specialised enclosed sluice washer. This equipment had been installed and was due to be commissioned on the day following our inspection. Once commissioned this equipment will protect people and staff from the risk of infection.

There was a maintenance plan for the service. This identified areas that needed attention and prioritised which maintenance needed to be carried out and when this was scheduled to take place.

Service certificates were in place to make sure equipment and supply services including electricity and gas were kept safe. Equipment including moving and handling aids, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.

All moving and handling equipment used by the service was leased, with the exception of one bath lift. Leased equipment was regularly serviced by the equipment provider. The bath lift was regularly tested in accordance with regulations. Equipment such as hoists and slings were checked monthly and were meeting the Provision and Use of Work Equipment Regulations 1998 (PUWER).

Is the service effective?

Our findings

The service had a system for supporting staff by providing an induction process as well as regular supervision and appraisal. Supervision of care staff was carried out by the Head of Care at the service and the Head of Care was supervised by the manager. Records now showed a documented history of staff supervision and this was confirmed by staff. Appraisals were planned and had begun taking place. Staff were supported and trained to carry out their roles effectively. A member of staff told us, "I receive regular supervision and training now. Things are so much better in every way. It is better organised, there is more communication between staff and management. Everyone knows their roles now. It is such a nice place to work".

The service induction included training on the service's policies and procedures as well as periods of observing and shadowing experienced members of staff while they provided care and support. The stated aim of management as the service progressed was that all new staff would complete training in the 15 fundamental standards of care in accordance with the requirements of the Care Certificate during their probationary period.

We spoke with staff about the training they had received. One staff member told us, "I have done more training recently, like safeguarding and dementia awareness. We've also been trained in moving and handling people safely". We looked at the service's training matrix which recorded all required training and highlighted any training areas that were out of date and needed to be done. These records showed staff had received regular refresher training to ensure they were sufficiently skilled to meet people's care needs. Other specialist areas such as diabetes awareness and epilepsy awareness had been offered as one off training sessions.

Staff knew people well and understood their medical conditions. This meant they were able to recognise and take appropriate action whenever a person's health deteriorated and needed to be brought to the attention of health services. For example, staff were vigilant about people's skin condition and knew when it was appropriate to refer a person to skin viability professionals. This meant that staff were able to identify and handle people's health conditions effectively.

The manager told us all care staff had undertaken training in the requirements of the Mental Capacity Act 2005 (MCA). The MCA is designed to empower those in health and social care to assess capacity themselves, rather than relying on expert testing from clinical professionals.

This applies to everyone involved in the care, treatment and support of people aged 16 and over who are unable to make some or all decisions for themselves. The service had an up to date policy about the MCA and the procedures to be followed when assessing a person's capacity to make a decision. Staff told us they now had a better knowledge of the MCA and understood their role in ensuring decisions were made in the best interest of people who lacked the capacity to make certain decisions for themselves. Staff said if they had any doubt about a person's ability to make a particular decision that might be considered unwise they would always bring this to the attention of the Head of Care and/or the manager.

We saw that certain people's freedoms were being restricted through the use of pressure mats which alerted staff to people's movement around their rooms. Management had used the Mental Capacity assessment procedure and best interest meetings with family and other professionals where appropriate to consider whether use of the restriction was the best decision to take to keep the person safe.

Some people were also restricted from leaving the service for their own safety. Deprivation of Liberty Safeguard applications had been made to the Supervisory Body to ensure people's rights were upheld. The service recorded people's consent to their care and support. Care records were kept up to date and reflected the current needs of the people they were about.

Everyone we spoke with said the food was nice. There was a rolling menu with two hot lunch options and a good range of foods available. Menu planning was discussed at resident meetings and people's choices were listened to and acted on. For example, one person said they would like to have more choices of fish throughout the menu period and this had been provided. A person who lived at Chy Byghan said, "No complaints about the food. It is very good and lots of choice".

People were supported to have enough to eat and drink enough throughout the day. We saw people were regularly offered drinks including tea, coffee and cold drinks

Is the service effective?

throughout the day. People were provided with specialist cups if they needed them to drink independently. People

who needed it were prepared specialist meals in line with Speech and Language assessments. People's food and fluid intake was monitored appropriately where this was required as a result of their individual health needs.

Is the service caring?

Our findings

There was a relaxed and friendly atmosphere at the service. We saw people felt at ease to move about freely and engaged in a relaxed way with each other and staff. People told us they were happy and we saw people spent time in the communal lounge watching television or privately in their bedrooms. People had the ability to use private space at the service to meet with others if they wanted to. Relatives told us they felt the home was very caring. One person's relative said, "The care here is excellent. Staff are kind and friendly and often go beyond the call of duty. My (relative) feels safe and well cared for" Other relatives told us he home was clean and smelt pleasant. Relatives and professionals remarked on the caring atmosphere in the service.

Staff were caring and respectful when people needed support or help with personal care needs. One person remarked, "The girls are all lovely and very caring". Another person who used the service told us how respectful and helpful staff were. The general consensus from people who lived at Chy Byghan was that it was a caring service. People told us they were well cared for and happy to live there.

At the last inspection it was found that care staff at the service had not made an appropriate referral to another specialist agency when a person's health had deteriorated. During this inspection we spoke with a representative from the local District Nursing team who told us they did not have any concerns about the service making referrals when they should. It was remarked how well staff worked with

the district nursing team and there were no current concerns. The district nurse commented there were, "very minimal pressure sores and ulcers. That demonstrates the level of care is good".

People were involved in the running of the service in different ways. For example, the manager had begun to involve people who wanted to, to be involved in the recruitment process for new staff. This included being part of the staff interview team. People told us they had enjoyed doing this and would be happy to do it again in the future. There were monthly residents meetings. The minutes of these meetings demonstrated that the service listened and acted on people's concerns. For example, one person had said they would like more to do to keep them busy during the day. The manager had introduced a number of new activities for people to take part in if they wanted to such as making different crafts. People told us they enjoyed the variety of activities now offered.

People were actively involved in making day to day decisions about how they spent their time, whether they wanted a drink and which choice of meal they had. People told us they were encouraged to express their views if they wanted and had been encouraged to provide feedback during residents meetings. People said their preferences and choices were always respected.

There were no restrictions on visitors coming into the home at any time during the inspection. Those visitors we spoke with told us the service kept them informed and involved in their relatives care and support informally when they visited the service. People's relative told us they were always welcome to have more formal involvement in care planning reviews if they wished.

Is the service responsive?

Our findings

People told us they received care and support when they needed it. Call bells were answered promptly and we saw people were assisted appropriately and with patience by staff. When asked staff told us they felt they had sufficient time to meet each person's needs. One person said, "It is a small home and easy to get to know each person as an individual, one resident here has some great tales to tell about the war and I've sat and looked at medals with him and chatted". Other staff described how they supported people on an individual basis with activities such as providing manicures and helping people with their craft projects.

People told us they could express their views about what was important to them and about their health and wellbeing. People said they normally did this by talking to staff rather than by any formalised, written process. One person told us, "For what it's worth, this is a lovely place and you can tell anyone I said so. They listen to what I say and I would happily tell them if I wasn't happy with the way I was cared for".

Relatives told us they were kept informed verbally about changes to people's needs. Family members are now routinely invited to meetings concerning people who used the service. We gathered relative's feelings about how the service was working both by talking directly with them and also by looking at recently completed quality assurance returns. Relatives made it very clear they supported how the service was currently run. One person commented, "We are very pleased with care. They take a lot of time with people. It's all good here. The provider is very caring too."

We saw that routine care planning reviews were now taking place. People had been involved in putting together their new care plans including the personal history section which was detailed and painted a clear picture of each person's life before coming to live at the service. Each person had signed their care plans to agree with the planned care and support.

People's care plans had recently been totally rewritten and now contained appropriate and up to date information about people's health and social care needs. These plans were individualised and relevant to the person. Records gave staff clear guidance about how best to support people. Staff had read the care plans and we observed that

staff followed the guidance to ensure people's needs were met in the way that was most appropriate for them. For example, a person may have indicated they preferred a shower rather than a bath and this choice was respected.

During the last inspection we found there were limited activities available to people within the service. People and their relatives had told us they would like more stimulating activities to be offered. Recent relatives' feedback acknowledged that activities had not been offered. One person referring to how the service had changed said, "There was very little stimulation activity wise". The person said there were now many more activities on offer. Since our previous inspection the manager had introduced a much fuller activities programme for the service. An activities co-ordinator had been employed to concentrate on offering new activities. People told us they loved the new activities, particularly singing and getting involved in musical sing a longs. A relative told us, "The lack of activities has been rectified. There are now art, music and games being delivered. My (relative) seems to be enjoying these and likes the bubbly characters that come in to do these".

We spent time with people over a meal time and in the lounge. It was clear to see how much people enjoyed each other's company. There was lots of chatting and laughing going on and a generally lovely atmosphere amongst people and their staff. People told us how much they were looking forward to all the things that were planned over the Christmas period such as a party of local school children coming in to sing carols. People had been involved in making Christmas cards. Each month the manager now arranged for all available family members to be invited into the home for a group sing a long event followed by tea and cakes and this was proving very popular. Trips outside the home proved more difficult due to the fact that the home did not have a large enough vehicle to accommodate all people who might choose to go. However, the manager had begun to arrange trips out for smaller groups which he would use his own car for. We were told this would be rotated to make sure that those who wanted a trip out into the community had an opportunity to do this.

People were assured of consistent, co-ordinated and person-centred care at the service or when they moved between services because of the comprehensive information recorded in care plans and care reviews. The manager had put together a flow diagram for care staff

Is the service responsive?

detailing the procedure to follow when arranging hospital transfers. If a person did need to transfer to another service, staff from the other service were invited into Chy Byghan to review care documentation and ensure they were aware of the person's needs before a transfer took place. This meant people care needs were consistently met when they transferred to another care provider.

The service had a policy and procedure in place for dealing with complaints. The manager had personally spoken with each person to help them to understand what to do if they had a complaint. A copy of the complaint policy and procedure was kept in the reception area for visitors to see.

People told us they had no complaints to make but were happy that if they did these would be handled appropriately. Feedback from relatives was that any previous complaints had been sorted out now and they just wanted the service to continue to offer, "the homely, caring atmosphere so that my (relative) continues to feel safe and happy".

Is the service well-led?

Our findings

At the last inspection in May 2015 the service was rated as inadequate in the area of leadership. Since that time the provider and new manager had worked hard to improve all areas of the service. This was evident from what we found during this inspection. The culture of the service had changed from a very negative one in which staff retention could not be guaranteed to a place where staff were glowing in their praise of the improvements made by the provider and new manager. The manager told us he saw the culture of the service now as, “very much of sharing team values and working together for the best interests of the people who live here”. The management of the service continues to improve and develop towards becoming a fully effective service.

The present manager was not able to make an application to register due to the enforcement action that has now ended. Registered services have an obligation that they are managed by an appropriate person. The provider and manager were aware of the importance of having a registered manager in place at the service and confirmed they will now be making an application to register the current manager.

Staff told us they had experienced extensive positive changes in how the service was led since the last inspection. Staff told us they believed the service was now well led. The manager acknowledged the staff team had worked hard to improve the running of the service and was happy there was now a consistent, motivated staff team working at the service

Both management and staff were in agreement that the new management style had empowered staff to be more involved in the running of the service and to make suggestions if they felt areas of the service could be improved and to challenge practice at the service. Staff told

us, “(Person’s name) is a good manager. He’s approachable and he’s done wonders with organising the paperwork and care plans”. Another care staff member said, “I have confidence in how the service is managed, overall the whole team is now much more stable. It is more structured and that gives me more confidence in my role”.

We found the manager had developed an effective system to regularly assess and monitor the quality of service that people received. Regular three monthly quality reviews were now completed. These reviews checked key documents including care plans and medicines audits had been reviewed and were up to date.

We saw that the fabric of the service had been improved since the last inspection with rooms being decorated and new carpets put down. New equipment such as the sluice washing machine had been purchased and the management had prioritised what was required to ensure the service was safe and well run.

We identified that the service had failed to make required statutory notifications about significant events that had occurred since our last inspection. We discussed this with the registered manager who acknowledged this and assured us he would make sure all required notifications were sent to CQC in the future as this is a legal requirement.

Health and safety at the service met requirements for fire risk assessments, extinguisher inspections and testing and fire alarm testing. The service were using a five year Health and Safety support package with external consultants which highlighted and addressed any outstanding Health and Safety issues.

There was an appropriate response to the enforcement action put in place following the last inspection. Management had worked hard to meet the requirements of their action plan and we found much improvement in the quality of the service.