

Cornwall Care Limited

Chyvarhas

Inspection report

22 Saltash Road
Callington
Cornwall
PL17 7EF
Tel: 01579 383104
Website: www.cornwallcare.org

Date of inspection visit: 12 & 13 March 2015
Date of publication: 27/05/2015

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 

Overall summary

The inspection took place on 12 and 13 March 2015 and was unannounced. Chyvarhas is a nursing home providing care and accommodation for up to 38 older people, some of whom are living with dementia and mental health needs. On the day of the inspection there were 34 people living at the home, 29 of whom had identified nursing needs. This was due to double rooms being used for single occupancy. Chyvarhas is part of Cornwall Care Limited.

The service had a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission (CQC) 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 observed a calm and relaxed atmosphere within the service. People and staff were chatting and enjoying each other's company. Comments included; "Staff are very kind." People told us they were happy living there.

Summary of findings

People and their relatives were happy with the care staff provided. Professionals and relatives said staff were knowledgeable and competent to meet people's needs.

People were encouraged and supported to make decisions and choices whenever possible in their day to day lives. People had their privacy and dignity maintained and we observed staff supporting people and being patient and understanding.

People were protected by safe recruitment procedures. Staff were supported with an induction and ongoing training programme to develop their skills and staff competency was assessed. Everyone we spoke with felt there were sufficient staff on duty. Staff told us they had enough time to support people and didn't need to rush them. A relative said; "always someone about", when we asked them about the availability of staff. A new staff member commented; "so much time to get to know people."

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as GPs and CPNs (Community Psychiatric Nurses). Staff followed the guidance provided by professionals to help ensure people received the care they needed to remain safe. For example some people had one to one staff support.

People's medicines were managed safely. However an error in the recording of medicines was highlighted on the first day of our visit. This was rectified before the completion of the inspection to keep people safe. Medicines were managed, stored and disposed of safely. Nurses administered all medicines and had been appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

The registered manager and staff had sought and acted on advice where they thought people's freedom was

being restricted. This helped to ensure people's rights were protected. Applications were made and advice sought to help safeguard people and respect their human rights. Staff had undertaken safeguarding training, they displayed a good knowledge on how to report concerns and were able to describe the action they would take to protect people against harm. Staff were confident any incidents or allegations would be fully investigated. People who were able to told us they felt safe.

People were supported to maintain a healthy, balanced diet. People who were able to told us they enjoyed their meals and an observed lunchtime did not feel rushed.

People's care records were comprehensive and detailed people's preferences. People's communication methods and preferences were taken into account and respected by staff.

People's risks were considered, well-managed and regularly reviewed to keep people safe. Where possible, people had choice and control over their lives and were supported to engage in activities within the home and outside where possible. Records were updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People and staff described the management as very supportive and approachable. Staff talked positively about their jobs and took pride in their work. Visiting professionals and staff confirmed the management of the service was "always very good."

People's opinions were sought formally and informally. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and, where there were areas for improvement, these were shared for learning.

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.

People were supported by sufficient numbers of suitable, skilled and experienced staff.

Staff could recognise the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People's medicines were administered and managed safely and staff were aware of good practice. People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were supported to maintain a healthy diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services which meant their health care needs were met.

Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

Good



Is the service caring?

The service was caring.

People were involved in decisions about their care.

People were treated with kindness and respect and were happy with the support they received.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff knew about the people they cared for and what people required and what was important to them.

People's end of life wishes were documented and respected.

Good



Is the service responsive?

The service was responsive.

Care records were personalised reflecting people's individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was an experienced registered manager in post who was approachable.

Staff confirmed they felt supported by the registered manager and the management team. There was open communication within the service.

People and staff felt comfortable discussing any concerns with the registered manager.

There were systems in place to monitor the safety and quality of the service.

Audits were completed to help ensure risks were identified and acted upon.

Chyvarhas

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection was undertaken by two inspectors on 12 and 13 March 2015 and was unannounced.

Prior to the inspection we reviewed information we held about the service, such as previous inspection reports 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 or spoke with 16 people who used the service, the registered manager and 11 members of staff. We spoke with six relatives, one social care professional and two health care professionals who had all supported people within the service. We also spoke with two senior managers of Cornwall Care Ltd who visited during our inspection.

We looked around the premises and observed and heard how staff interacted with people. We looked at five records which related to people's individual care needs. We looked at eight records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

Prior to the inspection concerns had been raised with us regarding the service. The issues included the home was short of staff and people who should have one to one staff support did not receive this. At this inspection we found there were enough staff to meet people's needs. People and relatives confirmed there were enough staff to help keep people safe. Rotas and staff confirmed the home had sufficient staff on duty including additional staff when people needed one to one support. Staff were observed supporting people appropriately at all times, for example at lunchtime and during activities. The registered manager said staffing numbers were reviewed and increased to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe. For example the registered manager told us housekeeping staff hours were being increased to free care staff from some housekeeping duties. One staff member said, "Three people have one to one staffing today and this is with extra staff." Relatives said they never had any problem finding staff when they needed to.

People who lived at Chyvarhas were safe because the registered manager had arrangements in place to make sure people were protected from abuse and avoidable harm. People who were able to told us they felt safe. One relative said; "My dad is safe here - no doubts." Staff had received updated safeguarding training and they had access to policies and procedures on safeguarding and whistleblowing. Staff demonstrated they could identify abuse and said they would have no hesitation in reporting abuse and were confident the registered manager or providers would act on any issues or concerns raised. Staff said they would take things further, for example contact the local safeguarding team, if they felt their concerns were not being taken seriously. Staff spoke confidently about how they would recognise signs of possible abuse for example; in financial matters staff understood the importance of accounting for people's money. One said, "I used to go shopping for people and always provided receipts." Referrals had been made to the local safeguarding team and this showed any concerns were reported to the local safeguarding team if needed.

People lived in a safe and secure environment that was regularly updated and was clean. Smoke alarms and emergency lighting were tested. Regular fire audits and

evacuation drills were carried out to help ensure staff knew what to do in the event of a fire. People had individual emergency evacuation plans in place. Care records and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe. We saw that environmental health had carried out an inspection and rated the home as level five, which is the highest rating that could be achieved. The first aid box held within the nurse's office was not hygienic. For example the box was left open with bandage packages open rendering them contaminated. The senior nurse asked another staff to rectify this immediately. This was completed before the inspection was completed.

People identified at being at risk had up to date risk assessments in place. People were involved in planning their risk assessments. People had risk assessments in place to such as their likelihood of developing pressure ulcers, falling, malnutrition and how staff could support them to move safely. People also had individual risk assessments in place for example, where people may place themselves and others at risk due to their dementia or mental health needs, there were clear protocols in place for managing these risks. Staff were given the necessary guidance to support people safely. Staff showed they were knowledgeable about the care needs of people including any risks and when people required extra support, for example if people needed two staff to support them when they moved around. This helped to ensure people were moved safely.

People were protected by safe staff recruitment practices. Recruitment files included relevant recruitment checks to confirm the staff member's suitability to work with vulnerable adults, for example disclosure and barring service checks. The staff employed had completed a thorough recruitment process to ensure they had the skills and knowledge required to provide the care and support to meet people's needs. Two nurses had recently been employed. However they were currently shadowing experienced nurses and being supervised until all relevant qualification checks had been made. This helped to ensure suitable trained staff had the appropriate competencies and qualification to work with vulnerable adults.

Accidents were recorded and analysed to identify what had happened and action the staff could take in the future to reduce the risk of reoccurrences. For example, if a person became agitated additional staff were put in place to help

Is the service safe?

protect people. Any themes were noted and learning from accidents or incidents were shared with the staff team and appropriate changes were made. This helped to minimise the possibility of repeated incidents.

Medicines administration records (MAR) were all in place; however we found errors in two people's records. One person had the wrong dosage recorded and another person had their dosage packaging altered which could lead to confusion on when or if a person had received their medicines. Action was taken to rectify these errors before the end of the inspection.

All other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines. The registered manager and senior nurses confirmed appropriate action would be taken to help ensure people's medicines remained safe including providing additional training and supervision for all staff.

Is the service effective?

Our findings

People received effective care and support from well trained and well supported staff. Staff had the knowledge and skills to carry out their roles and responsibilities effectively, knew the people they supported well, and ensured their needs were met. One person said of the staff; “I think they’re wonderful”.

New staff completed the “Skills for Care” induction which is a nationally recognised programme for health and social care staff. New staff confirmed they also completed the company’s four day induction programme when they started work and in-house inductions were overseen by the registered manager or nurses. For example, during induction staff completed fire safety procedures and how to use lifting equipment. This ensured staff had completed appropriate training and had the right skills and knowledge to effectively meet people’s needs. One recently employed staff described the interview as being thorough about what the job required in part to identify what training or support they would need when employed. One staff confirmed they had shadowed experienced staff to enable them to get to know people and see how best to support them prior to working alone. The company checked nurse’s registration status and checked with the registering body to ensure nurses renewed their registration.

Staff confirmed they received ongoing training and support. Staff attended training to meet the needs of people currently living in the service, for example comprehensive dementia and mental health training was provided. Staff training records showed the staffs completion of additional training for example, health and safety. We saw further training was planned to update and support staff to have continued learning.

Staff had received supervision and appraisals. Staff said this gave them an opportunity to discuss good practice as well as any issues or concerns. Team meetings were held to provide staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. Staff said they felt listened to and could talk to the registered manager.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become,

deprived of their liberty. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and if needed other professionals. One person had a best interest meeting to determine if they had the capacity to agree to covert medicines. The outcome of the meeting was documented.

Staff had a good knowledge and understanding of, and had received training about, the MCA and DoLS. The registered manager confirmed people who required them had a DoLS authorisation and were restricted from leaving the home to keep them safe. Authorisations were held on people’s files. The correct authorisation had been sought and review dates were also recorded. Applications recorded if the person had been involved in the decision making and when additional people, for example social workers, had been involved. Staff were aware of people’s legal status. This showed us the staff understood when a professional body would need to be consulted. This helped to ensure actions were carried out in line with legislation and in the person’s best interests.

The registered manager and staff recognised the need to support and encourage people who lacked capacity to make decisions and everyday choices whenever possible. For example, if people wished to partake in activities. People’s care plans showed people were involved as much as possible in their care and consenting to wanting bedrails in place. People had the support of an Independent Mental Capacity Assessor (IMCA) to help them make decisions about their care and welfare when needed.

People were supported to make every day decisions about their care and staff were observed gaining people’s consent to the care provided. For example, when assisting people using lifting equipment the staff waited for people’s response before assisting them.

People were supported to maintain a balanced diet and have their individual nutritional and hydration needs met. Records showed what food people liked or disliked and listed what each person required in order to maintain a healthy balanced diet. The malnutrition universal screening tool (MUST) was used when needed to identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored and food and fluid charts were completed. The cook confirmed they

Is the service effective?

had information on people's dietary requirements. They were able to give people choice and meet their needs effectively. Guidance and information was provided for staff on how to meet individual needs. For example, if people required a pureed diet. We observed people received the specialist diet they required and staff were fully aware of people's nutritional needs.

People and visitors made positive comments on the food provided. We observed mealtimes were unrushed and people and staff were engaged in conversation. One person said; "I enjoy my meals here." One visitor said their relative always ate what was provided and more was offered at each mealtime. Another relative said; "Mum tells me not to bring in any snacks as there is so much good food here!"

People, visitors and staff told us of the upgrades to the main dining room including new flooring. The registered manager talked through future planned upgrades. There were rooms suitable to accommodate wheelchairs and lifting equipment to meet people's needs.

People's health needs were met. People had access to local health and social care services for example GPs and CPNs (Community Psychiatric Nurses). When people's needs changed, the staff made referrals to relevant health services for additional support. Health and social care professionals said the staff contacted them for advice, worked with them to look at causes of people's distress, and responded appropriately and had kept them up to date with changes to people's needs. Healthcare professionals also confirmed they visited the service regularly. This helped to ensure people's health was effectively managed.

Is the service caring?

Our findings

Prior to the inspection concerns had been raised with us regarding the service. The issues included that people's privacy and dignity was not maintained and people's confidentiality was not respected. At this inspection people, relatives and professionals told us people's privacy and dignity were respected. Staff knocked on people's doors and, if people were unable to respond, staff asked if they could enter. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care needs. For example, staff said they closed curtains and doors when supporting people and asking for consent before providing any care. Staff said they felt it was important people were supported to retain their dignity and independence. Relatives told us they visited regularly and had always seen the staff being respectful towards people.

People were supported by caring and supportive staff. People and visitors said they were happy with the care provided. People and relatives spoke well of the staff and the quality of the care they received. A relative said; "They provide mum with excellent care" and another said; "Very happy with the care provided". Healthcare professionals commented that staff were caring and had good relationships with the people they cared for.

Staff were observed treating people with patience and compassion. In particular with people who were on one to one support due to living with dementia. For example one person was confused and became upset. Staff supported this person and spent time with them explaining where they were living and offered them a drink. We saw examples throughout our visit when staff responded to people positively and quickly. This showed staff recognised people's needs and responded to them in a caring manner. Visitors confirmed they saw staff chatting and interacting with people.

Staff were attentive and prompt in responding to people's emotional needs, for example people who became distressed or agitated received immediate support from staff. The staff knew people well and what was important to them such as how they liked to have their care needs met. People looked comfortable and their personal care needs were met. A relative said; "Whenever I visited mum always looks well cared for. I am so please they make her look presentable - it was always important to mum to look immaculate."

People were involved as much as they were able to in deciding what care they received. Staff informed people what task they were going to do before starting. For example, if people were moving from the lounge to the dining room. All support was provided at people's own pace and reassurance was given throughout. Staff asked people if they were happy with the care being provided. For example, one person was asked if they wished to return to their room and if they were happy being transferred to a wheelchair to receive some personal care.

People's care needs were responded to by staff in a discreet manner. For example, when people required assistance with their personal care needs, staff carried this out discreetly without drawing attention to people. This showed staff were able to recognise people's needs and respond to them in a caring manner.

People's records held information on their end of life care plans including a "Thinking Ahead" care plan. Records showed that end of life care had been discussed with the person concerned and their relatives so that their wishes on their deteriorating health were known. Where people had been assessed as lacking capacity records showed the involvement of family members and other professionals to ensure decisions were made in the person's best interest. People who requested it had an "allow a natural death" documented. This discussed and recorded people's preferred choice of their end of life care.

Is the service responsive?

Our findings

People were supported by staff who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the home. The registered manager said this assessment enabled them to assess if they were able to meet and respond to people's needs before admission. People and their relatives were sent a letter stating what the home could offer them in responsive to their individual assessed need.

Pre-admission information included an "initial care plan" that held a discharge/transfer summary for people who had moved from another service. This provided staff with up to date information on people which was used to develop a full care plan.

People, where possible, were involved with planning their care and plans held information about how they chose and preferred to be supported. When a person's needs changed care plans were reviewed and altered to reflect this change. For example, one person's health had deteriorated due to living with dementia and staff responded by involving the CPN to assist them and offer support and advice.

People's care records contained detailed information about their needs, including their health and social care, physical and personal care needs. Additional information included people's faith, social and recreational needs and how they could be supported so these needs were met. Records had been regularly reviewed with people or, where appropriate, with family members. Relatives confirmed they had been involved.

Care plans were personalised and reflected people's wishes. The registered manager said they ensured each care record had been updated and reviewed to ensure staff had the correct information to support people's current care needs. However two care records had not been fully completed. The registered manager asked a senior staff to complete the records before we finished the inspection. Staff knew people well and what was important to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's care plans included a full life history and a "my life plan." This included a person's medical history, professionals involved in people's care and lifetime history. Staff had access to people's life history therefore they could

understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

Care plans recorded people's physical needs, such as their mobility and personal care needs choices. For example it recorded if people preferred a shower or bath. We observed staff ensuring people, who required them, had pressure relieving cushions in place to protect their skin integrity. Additional information included how staff could respond to people's emotional needs and if a person had additional needs, for example those people living with dementia or if people required CPN visits.

People were able to summon staff for assistance at all times to respond to their needs. People had access to call bells wherever they were in the service, including the lounge and their own bedrooms. This enabled people to call for assistance at any time and staff could respond if people required assistance. We saw people who chose to stay in their bedrooms had their call bells next to them. One relative said they had needed to use the call bell and staff came very quickly. A relative said; "Dad likes to stay in his room. They (the staff) always call in to see him regularly to see if he's OK."

People were encouraged and supported to maintain links within the local area. For example, people had staff assist them to visit local shops and people also went out with family members.

Activities were provided and people who wished to partake were encouraged to. The staff understood people's individuality when arranging activities and ensured people had a variety to choose from. For example we observed a cookery session taking place with people sat around a table mixing ingredients. People said they would enjoy the food later that day. People said they were happy with the activities provided in the home, although some people preferred not to join in. A relative said their relative did not wish to partake in activities, preferring to stay in their own room, but staff always offered.

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. Those people able to said they felt the staff would take action to address any issues or concerns raised. A health care professional said they had made a complaint some time ago and felt the staff had learnt from this issue.

Is the service responsive?

A relative said they had never needed to make a complaint but felt able to if necessary. They went on to say the staff were approachable adding; “they’re always happy and smiling.”

The company had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The

procedure was clearly displayed for people to access. The complaints file showed complaints had been thoroughly investigated in line with the service’s own policy and appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainant and documented.

Is the service well-led?

Our findings

Chyvarhas is owned by Cornwall Care Limited. Cornwall Care Limited is a care provider that runs a number of services within the county of Cornwall. Chyvarhas was well led and managed effectively. The company's values and visions of offering people comfort and people's wellbeing as a priority were recorded in the information provided to people when they moved into the service. Staff had their own set of "core behaviours" including commitment to act honestly and with integrity at all times, as well as respect for others and valuing diversity. Staff spoken with understood these values and visions. The registered manager took a very active role within the running of the home and had good knowledge of the staff and people. The registered manager confirmed they met and received regular support from the company's senior managers.

Staff spoke highly of the support they received from the registered manager and senior nurse. One newly appointed staff told us the registered manager checked with them daily to see if they had settled and if they had any issues. Staff felt able to speak to the registered manager if they had any concerns or were unsure about any aspect of their role. Staff described the staff team as very supportive. Relatives and health and social care professionals commented the service was well led and the registered manager was very good. One visitor said; "The office is always open" (if they had any concerns).

There was a clear management structure in the service. Staff were aware of the roles of the registered manager and the senior nurse. All told us the registered manager was approachable and made themselves available to both people, relatives and staff. During our inspection we spoke with the registered manager and two senior managers from Cornwall Care. All demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

People, relatives and health and social care professionals all spoke positively about the registered manager. Comments included; "The registered manager is very approachable and I find the home well led." The healthcare professionals said there was a good relationship between the service and local health professionals.

People were involved as much as possible in the running of their home. Residents' meetings were not always held due to the current needs of people. However, the registered manager said they encouraged the staff to talk to and listen to people's concerns.

The registered manager sought verbal feedback from relatives, friends and health and social care professionals regularly to enhance their service. Relative told us there were family and resident cards left for them to make suggestions or raise concerns. The registered manager also said Cornwall Care Limited's website had quality assurance forms for people to access and this gave people an opportunity to make suggestions that could drive improvements.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example there was a programme of in-house audits including audits on medicines and people's care records. Surveys were sent to people who were able to complete them and people had access to advocacy services if needed to help them complete these. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been made or were planned. These covered all aspects of the service provided.

The registered manager used an independent visitor to carry out a regular audit of the service. The last report showed this visitor had toured the service and spoke to people who lived in the service and some visitors. They recorded, of the leadership of the service (the registered manager); "The warm, open and enthusiastic style of the manager appears to have infected the home and the team working there."

The service held regular staff meetings to enable open and transparent discussions about the service and people's individual needs. Meetings held updated the staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff told us they were encouraged and supported to raise issues to improve the service. Staff told us they could request staff meetings and could contribute to the agenda items; these could be done anonymously if they wished. Staff told us about improvements that had occurred after a staff meeting for example staff felt communication had improved. The home had a whistle-blowers policy to support staff.

Is the service well-led?

Staff told us how learning from accidents and incidents had taken place. Discussions were held at team meetings after an incident. As a result a physiotherapist was called to assess someone for suitable lifting equipment. Staff said they felt their concerns were listened to and acted upon.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations.