

# Cornwall Council

## Chy Koes

### Inspection report

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#### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

This inspection took place on 22 September 2015 and was an announced comprehensive inspection. We contacted the service 24 hours prior to the inspection to ensure there were currently people staying at the respite centre and that staff would be available to assist us during our inspection visit.

The last inspection took place on 24 June 2013, we had no concerns at this inspection.

Chy Koes is a respite facility which offers care and support for up to five people. The service is registered to support older people and people with a physical disability. Chy Koes is the only respite facility managed by Cornwall

Council and provides support to people from across the whole county. At the time of the inspection there were four people staying at the service for a short period of time.

The service had a registered manager in post. The current registered manager had been in post since May 2015. 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.

# Summary of findings

The service identified and assessed risks. However, many of the risk assessments in people's care files were not accurate, they had not been reviewed regularly and did not contain up to date information. Emergency plans were generalised and broad and provided information that was inaccurate relating to individuals and their needs in an emergency.

We looked at how medicines were managed and administered. The medicine records showed people received their medicines as prescribed. Many of the people staying at the service managed their own medicines.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

Staff were supported by a system of induction training, supervision and appraisals. More specialised training specific to the needs of people using the service was being provided. Training updates were provided as required.

Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Support plans were well organised but some contained information that was no longer accurate. The plans held staff signatures and dates which indicated they had been reviewed regularly, but information was not consistently updated and inaccurate guidance remained on people's files.

Activities were provided on a regular basis. People told us they were able to choose how they spent their time, and they could access the local community if they wished.

The registered manager was supported by the provider on a regular basis.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the back of the full version of the report

# 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 not entirely safe. Risk assessments and emergency plans did not contain accurate and current information for staff.

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

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

**Requires improvement**



### Is the service effective?

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were supported with regular supervision and appraisals.

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

**Good**



### Is the service caring?

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

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

**Good**



### Is the service responsive?

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

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

A programme of activities were available to people.

**Good**



### Is the service well-led?

The service was well-led. Staff and people found the registered manager approachable and supportive.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

Staff were supported by the management team.

**Good**



# Chy Koes

## 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 took place on 22 September 2015. The inspection was carried out by one inspector

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, the provider, one officer, one carer and the administrator. We spoke with three people who were staying at the service. We looked around the premises and observed care practices.

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

Following the inspection we spoke with three more people who used the service, two family members of people who used the service and two healthcare professionals who worked with the service.

# Is the service safe?

## Our findings

People and their families told us they felt it was safe at Chy Koes. Comments included; “I feel safe here” and “I am a poor sleeper and I can go to the lounge in the night if I want and spend time with the staff, they are always there for you.”

The registered manager told us they were aware people’s support plans and risk assessments were in need of updating with current accurate information. They had inherited a large number of risk assessments in each person’s care file. We were told each person’s records were being reviewed and simplified when they came in to stay at the service, as part of the process of updating all the support plans. There was a key worker system in place which allocated specific staff to individuals, the key workers were responsible for overseeing people’s care and reviewing their files. We were shown a Service User File Audit Form which had been recently designed to be used to review support plans and risk assessments.

Support plans contained risk assessments for a range of circumstances including moving and handling, and the likelihood of accidents and incidents. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. However, in all of the care files we reviewed the risk assessments were inaccurate and out of date. Two of the files we reviewed were for people who had been staying at the service for the past week. The risk assessments indicated with a staff signature and a date that they had been reviewed when the person arrived to stay at the service. However we found these assessments had not been thoroughly reviewed and out of date information remained which had not been updated at this or recent previous admissions this year. We saw handwritten amendments had been made to the typed records, which had not been dated or signed. This meant it was not possible to establish when this amendment was made and if it was current. One care file contained two risk assessments, one stating they were self-medicating, the other stating staff managed their medication. It was not clear which was the correct assessment for staff to follow. The registered manager showed us a support plan which had been recently reviewed when the person had stayed at the service, however, the risk assessments remained out of

date and inaccurate. When risk assessments were completed a score was produced. We asked the registered manager about this score and what it represented. We were told the scores were ‘not relevant, I don’t know what they mean, we are going to change these assessments.’

Staff told us; “The risk assessments are all over the place, they are not accurate” and “We know people well and make assessments each time we provide care.”

Each person had a Personal Emergency Evacuation Plan (PEEP) in their file. This detailed the action needed to safely evacuate the person from the service in an emergency. One person’s PEEP was updated and accurate. However, we found other PEEP’s contained information which was broad and generalised, not specific to the person and inaccurate. For example, one person’s PEEP stated, “Smokers individual risk assessment completed” and “May be able to transfer without using usual equipment in an emergency.” This person did not smoke and was dependent on equipment to be moved. One of the evacuation routes stated was for people to go out to the back garden and then down the side of the building to meet in the front car park. However, wheelchairs could not pass down the side of the building as it was too narrow. This information was held in the emergency file held by the fire warden and would be used in an emergency. This meant people could be at risk from the wrong information being held about them.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on Safeguarding Adults and were aware that the local authority was the lead organisation for investigating safeguarding concerns in the County. There were “Say no to abuse” leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. This meant people using the service were able to access this information should they need to do so.

The service held the personal money for one person who was staying at the service. The person was able to access

## Is the service safe?

this money to use for anything they may wish to purchase. The money was managed by the administrator, with two staff signing for each transaction. This meant the risk of any calculation errors was reduced.

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

Many people bought their medicines with them for use during their stay. Two staff checked the recording of these medicines in to the service to help ensure the risk of errors was reduced. Three people self-administered their own medicines which were held securely in their rooms in lockable cupboards. A risk assessment had been carried out to help ensure the person was able to do this safely. We looked at the medicine records for one person who required staff to support them with their medicines. From the medicine administration records (MAR) it was clear they received their medicines as prescribed. Handwritten entries on to the MAR had been signed by two staff to help ensure this risk of errors was reduced. Some people used

prescribed creams. When people arrived with opened creams staff would check to ensure it was within the expiry date. If staff opened new creams these were dated upon opening. This meant staff were aware of expiration of the item when the cream would no longer be safe to use. The service was not holding any medicines that required stricter controls or cold storage. No medicines, other than homely remedies such as Paracetamol, were being held by the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

During the inspection we saw people's needs were usually met quickly. There were no staff vacancies at the time of this inspection. We saw from the staff rota there was always an officer and two care staff on duty. The registered manager was available for support at all times and worked in the service during the week. There were two staff who worked at night, one awake and one sleep - in. Staff told us they felt they were a good team and worked well together.

# Is the service effective?

## Our findings

People were very positive about the service, comments included; “I have been poorly once or twice when I have been there (the service) and they have always got the doctor” and “I like to cook, and I make quiches and biscuits, the food is nice here.”

Following the inspection we received feedback from visiting healthcare professionals. One told us; “I visit and review and assess those that require respite at Chy Koes, I have always had positive feedback”

The premises were in good order, with plenty of space for moving around in wheelchairs and using equipment. There was appropriate equipment for people who required assistance with bathing and transferring from bed to chair. There was assistive technology fitted to rooms to assist people to close the curtains, turn lights on/off and the TV on/off. Small electrical devices could be added to the system in bedrooms if needed by people when they stayed at the service.

Staff demonstrated a good knowledge of people’s needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented; “We get lots of training, we have a week when we are closed and we all do our training together then as a team.”

Training records showed staff had received regular updates. People told us; “The staff are able to meet my needs” and “I think the staff are knowledgeable about my condition.” Relatives told us; “I can’t fault it, (the person) always comes back well.”

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. Chy Koes had made plans for any new staff to undertake the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. We saw new staff were working through their training programme and this was being monitored. Staff confirmed they had been supported when they started working at the service by experienced staff.

We saw people had been asked to sign, if able, to consent to receiving care, having bed rails, laundry services and night checks. The staff at the service were clear about the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people’s capacity to make specific decisions, at a specific 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 other professionals, where relevant. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for when someone maybe considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications to the local authority for authorisation of potentially restrictive care plans in line with legislative requirements had not been required. The registered manager was aware of changes to the legislation.

Training for the MCA and DoLS has been attended by most staff, some staff required this to be updated. The policies and procedures for MCA and DoLS were held on the Councils central computerised system. Staff had access to this system should they need to locate them.

People told us they enjoyed the food at the service. One person told us; “I like to cook here, I can go in the kitchen when I want and make something.” One person’s risk assessment stated; “Previous choking incident – follow diet sheet”. The diet sheet was marked to indicate this person was to have a ‘fork mashable’ diet. We saw this person eating toast for breakfast and asked staff about their diet. We were told they were eating a normal diet, “There are no issues with this person’s diet they eat a normal diet.” This inaccurate information contributed to the breach of regulation 17 of the Health and Social Care Act 2014 referred to in the Safe domain of this report.

We saw there was a rolling two week programme of meals. All staff worked in the kitchen providing meals on their

## Is the service effective?

shifts. Some meals were made by an external service and frozen for use at Chy Koes. This enabled the service to offer a wider range of options for people. We saw the service ensured people had any adapted cutlery required during their stay. One person staying at the service, had specific dietary requirements and we saw these were being met effectively. For example, this person had their own chopping board which was used for their food to prevent any cross contamination of other food prepared in the kitchen. This meant the service was meeting people's specific needs.

Staff were knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences. People confirmed that if

they did not like a meal offered they could choose something else which was provided for them. People had 24 hour access to the kitchen so people were able to have snacks at any time. No one staying at the service at the time of this inspection required to have their food and fluid intake monitored.

People had access to healthcare professionals including GP's, district nursing and social care staff such as social workers and case co ordinators if required. Care records contained records of any health need required by the person during their stay. One person had required a short period of hospitalisation during their stay and we saw this had been documented in detail.



# Is the service caring?

## Our findings

People told us; “It is home from home” and “Just like a family, really chilled and welcoming.” Relatives told us; “(The person) always comes back with all their laundry nice and clean” and “Very kind staff, first class.”

People felt they were involved in their care and support. People were asked for their views in a comments book. We saw comments such as; “Brilliant two weeks,” “Lovely weeks change from normal routine” and “Nothing too hard for staff, staff looked after me great.”

People’s dignity and privacy was respected. For example one person preferred to bath in private, however they were at risk due to their healthcare needs, so staff would discretely stand outside the door with the door closed ensuring the person had access to the call bell if needed.

Staff were able to tell us about people’s backgrounds and past lives. They spoke about people respectfully and fondly. One member of staff told us; “We know the guests well, many come regularly, we are like a big family.”

Family told us they visited regularly at different times and were always greeted by staff who were

able to speak with them about their family member knowledgeably. People were well cared for. Staff were kind and respectful when supporting people.

People and their families were involved in decisions about the running of the service as well as their care. People told us they knew about their support plans and the registered manager would invite them to add any details that they felt were necessary.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in gentle and understanding way. Staff were clear about the backgrounds of the people who

lived at the home and knew their individual preferences regarding how they wished their care to be provided. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress.

We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the service and garden as they wished.

People were encouraged to go out in to the local community and enjoy their hobbies such as swimming and bowling.

# Is the service responsive?

## Our findings

People told us; “Chy Koes is my lifeline, my holiday. I go with my friend and we have a lovely girlie week” and “The staff are very helpful.” Relatives told us; “They always call me if needed” and “Transport to get (the person) there is an issue and can be expensive for us from the other end of the County, it’s a pity Chy Koes don’t have their own transport.” A Visiting healthcare professional told us “One of my clients, during his stay at Chy Koes, was to attend the Merlin Centre, he had never been to day care, and he was thrilled to be able to be transported there with support and thoroughly enjoyed it.”

Care plans were detailed and informative with clear guidance for staff on how to support people. The files contained information on a range of aspects of people’s support needs including mobility, communication, nutrition and hydration and health. The information was organised and easy for staff to find. However, the care plans were not regularly reviewed and updated to help ensure they were accurate. For example, one person’s support plan for their moving and handling needs had been amended by hand on several occasions in the past. The amendments were confusing and contradictory which made it difficult for staff to know what guidance to follow. One new member of staff told us that although she mostly worked with other experienced members of staff, she did refer to the care plans and found them to be confusing and not clear. We asked staff about how they knew which sling to use for one person when moving them. This person’s support plan showed multiple handwritten amendments against this particular issue. Staff told us if the sling was not present in the person’s room, they would refer to the support plan. We discussed what the plan stated and they agreed the information in this particular plan was not clear and confusing.

One person had a specific health condition which meant they may fall suddenly without warning. This person wore a pendant which sent an alarm to staff if the person fell. We saw detailed records were kept of each event which caused the alarm to sound and what intervention was needed.

People who wished to stay at the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people’s needs. People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people’s needs and their general well-being.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who stayed at the service. The service had a regular number of people who stayed, with a maximum of five at a time, who were supported by a small stable staff group. This helped staff to provide a consistent approach and meant that people’s needs were met in their preferred manner.

People had access to a range of activities both within the service and outside. An activities co-ordinator was not employed but all staff supported an organised programme of events including gardening, board games, Bar-B-Q’s, football and cooking. Staff operated a small ‘shop’ where people could purchase items such as toiletries, stationary and small gifts. Items sold at the shop were donated by staff, people and their families to be sold to raise money for the service. People were very happy that the service recently obtained a wireless internet connection so that people could use their mobiles and tablets to keep in touch with friends and family during their stay. The service had purchased a Wi games console with money raised from raffles, the shop proceeds and fund raising events. This was greatly enjoyed by many people.

People had access to quiet areas and a well maintained garden in which there was a facility for people to smoke if they wished.

The service had received compliments from people and their families. People were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the service user pack provided upon admission to the service.

# Is the service well-led?

## Our findings

People told us; “The new manager is very good” and “They are very approachable.” Staff told us; “They are very different, but in a good way, things are changing, and lots of paperwork is being reduced” and “Things are a lot better now, the new manager knows a lot and is dealing with the paperwork issues she inherited very well.” Relatives were positive about the new manager saying they were approachable and listened to them.

An external social care professional stated; “I am extremely impressed with the way that the registered manager supported me recently with a lady, who wanted respite at Chy Koes but was a little nervous about respite provision, the registered manager has visited and spent a great deal of time with the lady.”

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by three officers who worked in the service and the provider from the local authority.

There were systems in place to support all staff. Staff told us they felt well supported through supervision and regular staff meetings. Staff commented; “We have regular staff meetings and feel we are listened to.” These meetings were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Staff told us they felt they had opportunities to share issues relating to working practices.

The registered manager worked in the home regularly supporting staff, this meant they were aware of the culture of the home at all times. Daily staff handover provided each shift with a clear picture of each person at the home and encouraged two way communication between care staff and the registered manager. This helped ensure everyone

who worked with people who stayed at the service were aware of the current needs of each individual. It was clear from our observations and talking with staff they had high standards for how they interacted with people.

The registered manager had recognised the need for certain systems to be updated at the service. We were assured the support plans, risk assessments and emergency plans would be checked to ensure they did not continue to hold inaccurate information. Staff training records had been reviewed and current information had been collated on to the training matrix. Some staff had been due to have training during the week when the service closed and following some of the concerns raised at this inspection the registered manager was arranging for specific support to be provided to staff. This meant the registered manager had acknowledged where the service needed to improve and had taken steps to address those issues.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, the external and internal building was regularly checked for any defects. During this inspection hoists and stand-aids were serviced and checked they were safe to use. The registered manager had arranged for this to be done as a safety check following a water leak in a service area of Chy Koes. The leak had been repaired in a timely manner. There had been a leak in one bedroom ceiling and the repair had been done, so the registered manager took the opportunity for this room to be re-decorated.

Cleaning schedules were monitored for the kitchen and laundry area. The food freezers were closely audited to ensure all food was clearly dated when put in the freezer. Some people bought their own foods with them when they stayed at Chy Koes, and the audits helped ensure that food belonging to people was not left behind when they left to go back to their own homes.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes must enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (2) (b)