

Chy-An-Towans Limited

# Chy-An-Towans

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Chy-An-Towans is a small care home that can accommodate up to ten people with learning and /or physical disabilities. The service was comprised of the main house and two separate annexes. At the time of our inspection there were ten people living at the service. Eight people lived in the main house and one person in each of the two annexes.

We carried out this inspection on 15 February 2017. This was the first inspection for the service since registering as a new legal entity in September 2016. The service was last inspected, when the provider was registered as a different legal entity, in February 2014 and we had no concerns at that time.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Some people who used the service were not able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with the staff supporting them. Comments from people who were able to talk with us included, "I like it here" and "I am happy living here." Relatives told us, "No concerns, [Person's name] is very happy there" and "[Person's name] is as happy as she can be." A healthcare professional said, "People seem happy, content and speak positively about their home."

On the day of our inspection there was a calm, relaxed and friendly atmosphere at the service. We observed people had a good relationship with staff and each other. There were plenty of friendly and respectful conversations between people and with staff. The staff team had developed kind and supportive relationships with people using the service. Comments from relatives included, "Staff do a really good job", "They (Staff) are wonderful with [Person's name]" and "The atmosphere is very nice, it's like a family home."

Support was provided by a consistent staff team, who knew people well and understood their needs. Staff understood people's individual ways of communication and used this knowledge to support people to make choices about their daily living. People were supported to access the local community and take part in a range of activities of their choice. Each person had regular activities and outings they took part in every week as well as activities within the service. A healthcare professional commented, "People have a good therapeutic relationship with the care team and do not seem bored, unoccupied or isolated from any activity taking place."

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted depending on the activities people living at the service were doing. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of

abuse.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. People had access to an annual health screening to maintain their health. Specialist services such as community nurses, occupational therapists and dieticians were used when required. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

People were supported to eat and drink enough and maintain a balanced diet and were involved in meal planning. Menu planning was done in a way which combined healthy eating with the choices people made about their food. Relatives told us, "They give everyone a balanced diet" and "They make sure [Person's name] eats well and stays at a healthy weight."

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. The management provided strong leadership and led by example. There was a positive culture within the staff team with an emphasis on providing a good service for people. Staff told us they felt supported by the management commenting, "The owners and the manager are lovely and really helpful", "Great atmosphere to work in, very laid back and all about the people who live here" and "We are a great team, we trust each other because we all understand how to work with the people who live here."

The registered manager and owners were visible in the service and regularly checked if people were happy and safe living at Chy-An-Towans. People were clearly comfortable with staff and management and relatives told us they had confidence in the way the service was run. Relatives said, "I would be happy to recommend the home to anyone" and "The owners and manager are approachable and always take the time to talk with me." Healthcare professionals told us, "The service is open to advice, criticism and responds to any suggestions that are made" and "The management team communicate well and take on board any recommendations."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families were involved in the running of the service and were regularly asked for their views through on-going conversations with staff and management.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

The service carried out a thorough recruitment process to ensure new staff had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

### Is the service effective?

Good ●

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

People were supported to access other healthcare professionals as they needed.

The management and staff 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.

### Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good ●

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

Staff supported people to access the community and extend their social networks.

People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally.

**Is the service well-led?**

**Good** ●

The service was well-led. The management provided staff with appropriate leadership and support. There was a positive culture within the staff team and with an emphasis on providing a good service for people.

Management were approachable and people were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

# Chy-An-Towans

## **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 unannounced inspection took place on 15 February 2017. The inspection was conducted by one adult social care inspector.

Before the inspection we reviewed information held about the service, including notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people living in the service, the registered manager, the administrator, four care staff and a domestic. We looked around the premises and observed care practices on the day of our visit.

We looked at three records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service. After the inspection we spoke with four relatives and three healthcare professionals.

# Is the service safe?

## Our findings

Some people who used the service were not able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with the staff supporting them. Comments from people who were able to talk with us included, "I like it here" and "I am happy living here." Relatives told us, "No concerns, [person's name] is very happy there" and "[Person's name] is as happy as she can be." A healthcare professional said, "People seem happy, content and speak positively about their home."

Staff had received training in safeguarding adults. Safeguarding and whistleblowing policies were in place which included details of how to recognise the various types of abuse. Staff told us they supported people in a way that kept people safe. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to the registered manager or owners.

There were effective systems in place to support people to manage their finances. The service held money for people and agreed amounts were given to them each week to make purchases for personal items and pay for outings. People's overall finances were managed by their family or their advocates. The service acted as advocate for some people and appropriate arrangements had been put in place to formalise this. Records of people's finances was managed by the administrator and transactions were regularly audited by the registered manager.

Care records included detailed and informative risk assessments. These documents provided staff with clear guidance and direction on how people should be supported in relation to each specific identified risk. For example, how staff should support people when using equipment, reducing the risks of falls and reducing the risk of pressure ulcers. Manual handling plans gave staff clear guidance and direction about how to use the identified equipment to support people safely when assisting them to mobilise.

The service operated a thorough recruitment process to ensure staff had the appropriate skills and knowledge required 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.

There were enough skilled and experienced staff to ensure the safety of people who lived at Chy-An-Towans. On the day of the inspection there were three care workers, a cleaner, the registered manager and the administrator on duty to support nine people. Eight people lived in the main house and one person who lived more independently in one of the annexes. The person who lived in the other annexe required individual care 24 hours a day with a dedicated team. Rotas for this person were managed separately from the rest of the service. Records showed this person had been appropriately supported by staff. The number of staff on duty depended on what activities people living at the service were doing. For example, on some days staffing numbers were increased to enable staff to transport people to various activities and to stay in the house to support people who may wish to remain at home. Incidents and accidents were recorded. Records showed that appropriate action had been taken and where necessary changes made to learn from

the events. Events were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Medicines were managed safely at Chy-An-Towans. The service used an electronic system to record the medicines people were prescribed and when medicines were given to people. Medicines were ordered and delivered monthly to the service. Any changes to people's prescriptions were updated onto the electronic Medicines Administration Record (MAR) charts each month. If people needed other medicines before the next order, such as if a GP prescribed anti-biotics, staff could create a MAR chart for this. The system required two members of staff to do this to ensure any new entries were processed by one member of staff and checked by another.

Each time a medicine was administered the system showed how many doses were left. Staff counted each medicine to check it tallied at each medicine round for each individual medicine. This meant there was an on-going check taking place of the stock of medicines to help minimise the risk of errors being made.

All medicines were stored appropriately in a locked cabinet. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The laptop used to access the electronic MAR charts was password protected and only staff who had been trained to administer medicines could access the system.

The environment was clean and well maintained. Relatives told us they always found the service to be clean when they visited. A maintenance person was employed to carry out regular repairs and maintenance work to the premises. The boiler, electrical appliances and water supply had been tested to ensure they were safe to use. There was a system of health and safety risk assessment. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.



# Is the service effective?

## Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. Relatives told us they were confident that staff knew people well and understood how to meet their needs.

When new staff were employed by the service they completed a full induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector.

There was a training programme in place to make sure staff had the skills required to meet people's needs and to help ensure training remained relevant and up to date. Areas covered included safeguarding, mental capacity, food hygiene, manual handling and infection control as well as more specialised subjects such as dementia awareness and epilepsy.

Staff told us they felt supported by the management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. Staff supported people to see their GP and other necessary healthcare appointments. People had access to an annual health screening to maintain their health. Specialist services were used when required. For example, staff worked closely with community nurses, occupational therapists, epilepsy nurses and dieticians. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made. One relative told us, "Staff manage [person's name] epilepsy well."

Healthcare professionals told us, "Communication is excellent. They keep me informed of all concerns and ask questions where appropriate", "All staff have had epilepsy training" and "I find the team approachable and they will let me know of any concerns."

People were supported to eat and drink enough and maintain a balanced diet. People living in the service had agreed not to have a set menu as they wanted to decide each day what they wanted to eat. The owner went shopping each week and people were involved in deciding what to buy. There was a notice board in the kitchen where people, some with staff help, added items to a shopping list for the owner. Each morning people decided what they wanted to eat that day and if necessary items were taken out of the freezer to defrost.

Fresh fruit and vegetables or additional items were purchased most days by people. In the morning, on the day of our inspection, one person identified that they had run out of bananas so they went out with a

member of staff to buy some. Later in the day another person said they wanted to go out to buy milk. They then asked other people if there was anything they wanted and a list was written for the person to buy these items. It was clear that people enjoyed being involved in choosing and buying food and this was an important part of their daily living. Relatives told us, "They give everyone a balanced diet" and "They make sure [person's name] eats well and stays at a healthy weight."

Care records showed that people had given their consent to their current support arrangements. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. For example, care records for one person stated, "I have restricted mental capacity to make decisions about my care. When decisions are made I should be involved to the best of my ability." Records showed where decisions had been made, on a person's behalf; the decision had been made in their best interest at a meeting involving key professionals and their family.

The design, layout and decoration of the building met people's individual needs. People could access the kitchen to make their own snacks and help staff with preparing meals and washing up. People's rooms had been personalised with their belongings and decorated in a style of their choosing.

# Is the service caring?

## Our findings

On the day of our inspection there was a calm, relaxed and friendly atmosphere at the service. We observed people had a good relationship with staff and each other. Comments from relatives included, "Staff do a really good job, "They (Staff) are wonderful with [person's name]" and "The atmosphere is very nice, it's like a family home." Healthcare professionals said, "Whenever I visit staff seem to respond in a different way to each person, using methods most suitable to their individual needs and preferences" and "People have a good therapeutic relationship with the care team."

The staff team had developed kind and supportive relationships with people using the service. There were plenty of friendly and respectful conversations between people and with staff. People and staff laughed and joked with each other and people's behaviour and body language showed that they felt really cared for and that they mattered. However, staff respected that this was peoples' home and maintained appropriate professional boundaries. Staff were clearly passionate about their work and told us they thought people were well cared for. Staff told us, "Absolutely love it, best place I have worked in" and "People have a really good life, I would be happy for a member of my family to live here."

Staff were committed to providing the best and most suitable support for people. They did not rush people, were focused on the person they were supporting and spent time on an individual basis with people. Staff demonstrated a good understanding of people's individual needs around privacy and dignity. Although, the atmosphere in the service was one of everyone having fun together, staff appreciated that sometimes people would want to be on their own. We observed that people would decide to go to their room for some quiet time and staff respected their decision to do this.

People who lived at Chy-An-Towans told us they could choose where to spend their time and were able to participate in activities as they wished. Staff encouraged people to make decisions about their daily living and we observed that people had the confidence to make their own choices. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink. Staff supported people to be involved in some household tasks such as cleaning and tidying their rooms and meal preparation.

People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. Care plans described how people communicated their wishes and guided staff to any non-verbal signs or triggers that indicated people were anxious about a situation. For example, one person could become anxious if they felt they were being told what to do and were not able to make their own decisions. Records stated, "I need time to digest what is being said to me, if I say no staff should leave me to think about it. Then return in 5 minutes and not ask the same question again but ask if I am ready to go. As repeating the question will unsettle me."

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

People were supported to maintain contact with friends and family. Staff helped people to arrange visits home to their families and regular telephone calls. Relatives told us they had regular contact with people, were always made welcome in the service and were able to visit at any time. People and their families had the opportunity to be involved in decisions about their care and the running of the service.

## Is the service responsive?

### Our findings

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at Chy-An-Towans.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Chy-An-Towans. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care records were up to date, had been regularly reviewed and accurately reflected people's care and support needs. Details of how people wished to be supported with their care needs were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Care plans detailed what people were able to do for themselves and when they would need support from staff. For example, one person's care plan stated, "I need some assistance with dressing. I need help with fastenings, zips and buttons."

Staff told us care plans were informative and gave them the guidance they needed to care for people. The service used an electronic system to store all care records and record daily notes. This included adding messages for staff to read when they arrived for their shift. Each staff member had their own log-in and password to access the system. Daily records detailed the care and support provided each day and how they had spent their time. Care plans were also printed and stored in individual folders so people and families could look at their care details. Staff were encouraged to give feedback about people's changing needs to help ensure information was available to update care plans and communicate at handovers.

Staff were provided with information about how to support people who could sometimes display behaviour that was challenging for staff to manage. For example, for one person their care plan listed the type of situations that might trigger a change in behaviour and this helped staff to prevent these situations from occurring. If the person's behaviour did escalate staff were provided with clear guidance and instructions about how to respond and calm the person. This included staff giving the person space to calm themselves by walking away.

People were involved in planning and reviewing their care. Records showed that people, or their advocates, had signed to confirm their involvement in their care plan. Relatives also told us they were involved in people's care plans.

People were supported to access the local community and take part in a range of activities of their choice. Each person had regular activities and outings they took part in every week as well as activities within the service. On the day of the inspection most people went out to a planned activity, this included day centres and horse riding. People who stayed at the service went out with staff to the local shops when they wanted to and took part in some singing and dancing sessions. A healthcare professional commented, "People do

not seem bored, unoccupied or isolated from any activity taking place."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People's relatives told us they knew how to raise a concern and they would be comfortable doing so because the management were very approachable. However, relatives said they had not found the need to raise a complaint or concern.

## Is the service well-led?

### Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had been in post since the service re-registered as a new legal entity in September 2016. Prior to that role they had been the deputy manager and had worked in the service for several years. They were responsible for the day-to-day running of the service and were supported by a team leader, senior care worker and an administrator. The two owners worked closely with the registered manager and visited the service regularly. One of the owners had been the registered manager, under the previous registration, and had provided the current registered manager with a thorough induction and handover, as well as on-going support.

The registered manager and owners provided strong leadership and led by example. They were all visible in the service and regularly checked if people were happy and safe living at Chy-An-Towans. People were clearly comfortable with staff and management and relatives told us they had confidence in the way the service was run. Relatives said, "I would be happy to recommend the home to anyone" and "The owners and manager are approachable and always take the time to talk with me." Healthcare professionals told us, "The service is open to advice, criticism and responds to any suggestions that are made" and "The management team communicate well and take on board any recommendations."

There was a positive culture within the staff team with an emphasis on providing a good service for people. Staff told us morale was good and staff worked well together as a team. Staff said they felt supported by the management commenting, "The owners and the manager are lovely and really helpful", "Great atmosphere to work in, very laid back and all about the people who live here" and "We are a great team, we trust each other because we all understand how to work with the people who live here."

Discussions with the registered manager confirmed they recognised that recruiting the right staff was essential to providing a high quality service to people. Recruitment practices were robust and staff induction and training were thorough and adapted to the individual member of staff. For example, each new care worker was monitored and supported for the length of time appropriate to their needs and experience. Staff were recruited for a six month probation period and this period was used to check the worker's care practices and if they fitted with the culture and ethos of the service. The registered manager had made decisions not to continue some staff's employment. This was because the quality of their work had not met the standards the service set to help ensure people living at Chy-An-Towans received a consistently good service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families were involved in the running of the service and were regularly asked for their views through on-going conversations with staff and management. There were regular 'residents meetings' so people living at the service could share their views and discuss subjects such as events outings and menus. The registered manager worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training. The team leader had overall

responsibility for the management of people's medicines and carried out weekly medicines audits.

Staff said they were supported by management and were aware of their responsibility to share any concerns about the running of the service and the people living there. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered by the service. They did this through informal conversations with management, regular formal supervision and monthly staff meetings.