

Mr Geoffrey Walden Knights

Chypons Residential Home

Inspection report

Chypons
Clifton Hill
Penzance
Cornwall
TR18 5BU

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Tel: 01736362492

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chypons Residential care home is a residential care home providing personal care to up to 27 people. The service provides support to older people and people living with poor mental health and dementia. At the time of our inspection there were 25 people using the service.

People's experience of using this service and what we found

The staff used an electronic medicines management and recording system. Medicines were stored in lockable cupboards in people's rooms. People received their medicines as prescribed. The recording of medicines that required stricter controls was not always effective. We found errors in these records. There was no regular audit of these medicines.

There were enough staff to meet people's needs and ensure their safety. Two new staff had been recently recruited which had improved the pressure recently felt by the staff team. However, new staff had not always been safely recruited.

Personal money was held at the service on behalf of some people living at Chypons residential care home. The money was held securely however, records for this money did not always tally with what was held in cash.

Identified risks were assessed and recorded. However, they were not always regularly reviewed and updated when changes had taken place in people's needs. Care plans did not always contain guidance and direction for staff on how to meet people's current needs. However, staff were meeting people's needs and there was no impact on people as a result of the lack of written guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, the registered manager did not have an overview of applications made for restrictive care plans to be authorised. Information provided regarding which people had an authorisation in place for restrictions placed upon them was not accurate.

The registered manager did not always have effective oversight of the service. There was not an effective audit programme in place to help identify any areas of the service that may require improvement. Accidents and incidents had not been audited since June 2022. The concerns found at this inspection had not been identified by the registered manager or the provider prior to our inspection.

Experienced kitchen staff had good knowledge of people's dietary requirements. Food looked appetising and people told us they enjoyed it. Staff recorded people's intake when required and were available to support people where needed.

We toured the premises and found them to be in good condition and free from malodours. People's rooms were comfortable and filled with personal items to give them a familiar feel for people.

The service had notice boards which displayed information for people and staff on how to report any safeguarding concerns.

Staff sought people's consent before providing personal care and assistance. Staff were kind and caring and sought people's consent before care and support was provided.

People and families were asked for their views and experiences through surveys. Relatives told us, "(Person's name) is happier and has put on weight since being here," "I visit regularly and never tell them I am coming. It is always welcoming, clean and lovely here. They always call me if anything changes with (Person's name)" and "(Person's name) is thriving living there and is much happier and healthier."

The registered manager understood their responsibilities under the duty of candour. CQC was advised of any notifiable event which may have taken place as is required. Relatives were kept informed of any changes in people's needs or incidents that occurred.

The registered manager and staff worked closely with local health and social care professionals to meet people's needs.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 7 March 2018).

Why we inspected

Prior to this inspection CQC had received concerns from a member of the public in relation to staffing levels, monitoring records, nutritional support and the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chypons on our website at www.cqc.org.uk

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chypons Residential Home

Detailed findings

Background to this inspection

The Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chypons is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there were two managers registered with the CQC..

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. We used information sent to us by the provider in their PIR. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed 3 people's care plans and risk assessments. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with 3 people who lived at Chypons residential home, 9 staff, the deputy manager and the administrator and finance officer. The registered manager was on leave at the time of this inspection visit. We spoke with them on the phone throughout the inspection. We spoke with 2 relatives during the inspection and 7 on the phone to gather their views.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Prior to this inspection, CQC had received concerns from a member of the public, about some aspects of medicines management. An electronic medicines management system supported staff to help ensure safe administration. However, there had been a recent error where advice from a GP, on email, was not picked up in a timely manner and a person did not receive their correct medicines for a few days.
- The recording of medicines that required stricter controls by law, was not always accurate. 11 prescribed medicines were seen recorded as having a balance held at the service, but they were not present. Some of these items had been recorded as present since 2020. We were told these items were returned to the pharmacy as no longer required. It was not possible at the inspection to evidence this. Following the inspection some of these returns were evidenced. The service was advised to contact NHS England to report the unaccounted for medicines to the Controlled Drugs Accounting Officer.
- 2 further medicines, that required stricter controls, had been held in the service for several months, for a person living at the service, but had not been recorded anywhere to document their presence. The medicines policy stated that staff must record all medicines when they arrive in the service. This was not always being done.
- The medicines policy was not being followed it stated "a weekly balance check should be done" for medicines that required stricter controls. There was no recorded audit available, and the deputy manager was not aware any audits took place. The concerns identified at this inspection, had not been identified in over two years.
- External creams and lotions to maintain people's skin integrity were prescribed to be applied by staff. Some were in tubs, where staff would put their hands in to apply the cream multiple times. These creams were not always dated when opened. This meant it was not possible to know when they should be disposed of as no longer as effective and could pose an infection risk.

The failure of the provider to ensure some medicines were effectively managed and recorded is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- People had their medicines stored in lockable cupboards in their rooms. The electronic medicines management system helped ensure any omissions would be flagged up. People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Some people were prescribed medicines to be taken when required. Staff knew people well and

administered these medicines safely and according to the guidance provided in the protocols.

- Relatives told us, "There is one person that does the medication. They wear an apron when doing medicines. (Person's name) receives the medication at the correct times. If I take them out staff remind me of when they need medication."

Systems and processes to safeguard people from the risk from abuse

- The service was holding personal money on behalf of some people living at the service. This meant people could access their money to pay for small items. The records for this money was checked against the cash held. The money was held appropriately however, the records did not tally with the cash held by the service.
- There was no evidence of any regular audit by the registered manager to ensure this money was always recorded accurately and the cash held tallied with the records.

The failure of the provider to ensure people's money was effectively managed contributes to the breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The service had systems in place to protect people from abuse. There were posters displayed in the service to inform people of how to raise any concerns regarding safeguarding.
- People told us they felt safe. Relatives were confident their loved ones were safe. Comments included, "I believe (Person's name) is safe, staff have always been very nice," "(Person's name) is safe, there is nothing that worries me" and "I feel (Person's name) is safe, they are generally happy and I visit regularly."
- Some staff had received training in safeguarding and whistleblowing. Some staff were due updates on some training. The registered manager was in the process of addressing this issue.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Assessing risk, safety monitoring and management

- Risks were initially identified and recorded. They covered areas such as skin integrity, personal care, mental health, behaviours that challenged others and falls. However, these risks were not always regularly monitored and updated when people's needs changed. Some risk assessments were not accurate.
- Staff were not always provided with sufficient written guidance and direction in care plans, to meet peoples changing needs. For example, one person had been cared for in bed for the past few weeks and staff were regularly re-positioning them and monitoring their food and drink intake. This person had not had their care plan reviewed since November 2022. Information in this care plan was no longer accurate.
- Electronic records, shown to us by the deputy manager, showed only three people's care plans had been updated since the end of 2022. Experienced staff, who knew people well, were meeting their needs, but communication of changes in people's needs was all verbal. This meant that any new or agency staff would not have the information needed to guide and direct them to meet the person's needs.

The failure of the provider to ensure care plans were always accurate and provided up to date guidance for staff is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Equipment and utilities were regularly checked to ensure they were safe to use.
- Staff knew people well and were aware of people's risks and how to keep them safe. Staff were monitoring several people. For example, recording food and drink intake, re-positioning and skin condition checks. These records were mostly well recorded by staff.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- Staff were not always recruited safely. We reviewed three personnel files for newly appointed staff. The files were not held in a consistent format. There was no evidence of a recruitment checklist or system whereby information required could be checked when completed. Pages were not secured or held in any specific order. There was a risk some information could be mislaid. There was no evidence of an induction process in these files. However, staff confirmed they did receive an induction.
- The registered manager did not always follow safe processes to make sure that new staff recruited were appropriate to work alone with vulnerable people. Application forms and past employment history was not always fully completed and verified against references received.

The failure of the provider to ensure effective recruitment procedures are in place is a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- All new staff did have pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We were informed of concerns with staffing levels prior to this inspection. There were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staff told us there could be times when they were short of staff but that any gaps were filled in by other members of the staff team and the registered manager. One staff member told us, "We have been short at times, we all cover, and the manager will work. They recently worked nights to cover a gap in the rota."
- Staff told us they worked well as a team. Comments included, "I am happy here. It is a good home, and it provides good care. I would not work here otherwise" and "The manager is very supportive and kind."
- Relatives commented, "When I visit, they tell me where they are, they know what's going on around the home to know where there are," "The staffing levels are generally ok. Last week when I visited there were lots of staff working. It never seems to be to the point where they are struggling" and "Yes, I believe there are enough staff, always people popping in and out. They check on them regularly. There seem to be a good level of senior staff. (Person's name) has a buzzer to use, the staff all seem to want to do their best."

Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence. However, this audit had not been completed since June 2022. The registered manager confirmed they were still working through the accident reports since that time.

The failure of the provider to ensure risks were monitored and mitigated contributes to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The registered manager told us they would be aware of any complaints or concerns raised. No complaints were in process at this time.
- Relatives were positive about the service, they told us, "If I wasn't happy I would talk to the home" and "If there is anything urgent I need to know, they phone me or if it isn't urgent they send a letter."

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was supporting visits from friends and families. Protocols were in place should there be any disruption due to COVID-19 outbreaks

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The registered manager had appropriately applied for authorisation for restrictions that were needed to be in place. However, there was no overview record where all applications and authorisations were held in one place for regular monitoring and updating. This meant that the only way to find out if anyone had a DoLS authorisation in place was to search each care plan.
- The deputy manager checked all the care plans and told us that three people had DoLS authorisations in place. However, the 3 names provided did not all match with the records held by the local authority. This meant that some people may have been restricted without authority.

The failure of the provider to ensure a robust system was in place to manage the requirements of the MCA and DOLS is a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff sought people's consent before they delivered care and support to them.
- Staff supported people to be as independent as possible with making decisions about their care and support.
- Some staff had been provided with training on this legislation. Many required updates. The registered manager had an overview of training requirements and was addressing this issue.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us there were three versions of some care plans. The paper record, used by staff, the old electronic system and the new electronic system. The registered manager was in the process of moving all care plans from the old electronic system to the new one. They admitted they were behind with care plan reviews due to staffing issues but told us they had prioritised the review of care plans for people whose needs had changed. The paper-based care plans were mostly out of date, but these were the ones the staff referred to.
- We reviewed the care plan for one person, whose needs had recently changed, but their care plan had not been reviewed since November 2022. Staff told us they communicated people's changing needs verbally. Shift handover records did not contain details of these changes in needs. Experienced staff knew people well. However, there was a risk that new or agency staff would struggle to find accurate recorded information in care plans.

The failure of the provider to ensure care plans were always up to date and accurate was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- We saw staff were providing the care that met people's needs. We found staff were carrying out re-positioning and monitoring checks where required, and we found no impact on people due to the lack of accurate care plans and assessments.
- Records of people's needs met the requirements of the Equality Act. This meant that practices in the service took steps to ensure there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.
- People, their families and relevant health and social care professionals were all involved in creating the initial care plan which helped ensure that the person's preferences and wishes were recorded.

Supporting people to eat and drink enough to maintain a balanced diet

- Prior to this inspection we received concerns that some people were not receiving support with their food and drink intake. We found people were supported with their dietary needs where this was part of their plan of care. Staff were seen regularly supporting people with drinks. At lunch time some people ate in the dining room with the support of staff, others were supported to eat in their rooms.
- People's preferences and dietary requirements were recorded in their care plans, but as highlighted elsewhere in this report this information was not always accurate and up to date. We asked the kitchen staff if they had a record of people's meal consistency requirements. For example, if they needed pureed or chopped up meals. The experienced cook and a kitchen porter told us there was no written guidance in the kitchen, but it was all in their heads. This meant staff who were new, or agency would not know what meals to provide for people. Following the inspection visit the registered manager sent us a handwritten list containing this information which they told us was on the back of the kitchen door. This was not easily visible for staff.
- Relatives commented, "The food is presented well, and they have a varied menu," "There are enough staff around at mealtimes" and "(Person's name) isn't an easy person and can be stubborn but the staff are very good."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. We saw staff were regularly recording people's food and drink intake where this was required.

Staff support, training, skills and experience

- There was an electronic record of staff training. The registered manager monitored staff training requirements. Many staff were overdue for training updates. There was a plan in place to ensure this issue was addressed.
- New staff told us they were supported to complete induction training although this information was not

present in their personnel files. New staff shadowed experienced staff until they felt confident to provide support independently.

- Staff told us they felt well supported. They told us, "We are well supported here. The manager, or the seniors, are always around to help if needed" and "I find the manager to be very kind."
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place between staff and their managers.
- Relatives commented, "I feel the staff do know (Person's name) as a person," "I've known of the home for years. I can't fault it" and "The staff are really friendly and helpful. Especially when (Person's name) moved in they helped them settle."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff promptly referred people to other professionals when their needs changed. This helped ensure people could get support as required from health or social care professionals.
- Care plans contained details of visits from external healthcare professionals. People confirmed they had seen their GP and community nurses regularly.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had quality monitoring systems in place. However, information relating to people's current care and support needs were not always up to date and accurate. Many care plans had not been reviewed since November 2022. People's needs had changed, and care plans did not always provide current accurate guidance and direction for staff to follow. However, people were having their needs met by staff who knew people well.
- Staff recorded accidents and incidents that took place. These were awaiting auditing by the registered manager. The registered manager had not audited these events since June 2022. This meant that the opportunity to help reduce reoccurrence in a timely manner was missed.
- The registered manager had not ensured there were regular recorded checks of medicines that required stricter controls. These medicines were not accurately recorded in the service.
- People's personal money, held by the service, had not been regularly audited by the registered manager. The records for this money did not tally with the cash held.
- The registered manager did not have an effective overview of applications made to, and authorisations from, the Deprivation of Liberty Safeguards (DoLS) team. The information provided at the inspection visit did not tally with the information held by the local authority. This meant some people could have been restricted without authorisation.
- Recruitment systems and processes were not robust.

The failure of the provider to effectively monitor and mitigate risks and monitor and improve the quality of the service provided is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The management structure at the service provided lines of responsibility and accountability across the staff team. Staff told us the registered manager provided effective and supportive leadership to the staff team, and their individual roles were well understood.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the staff team and staff told us they felt supported by the registered

manager. Staff comments included, "We get regular supervision and can get support from multiple places if we need it" and "(registered manager) is lovely, you can talk to her. She has a very calm approach."

- Staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs. They told us they had effective shift handovers which helped with communicating any changes in people's needs.
- Relatives told us, "(Person's name) is happier and has put on weight since being here," "I visit regularly and never tell them I am coming. It is always welcoming, clean and lovely here. They always call me if anything changes with (Person's name)" and "(Person's name) is thriving living there and is much happier and healthier."
- People's care plans included sections on people's relationships, social networks, and life stories. Daily records were completed by staff and detailed the care and support they had provided.
- Most people spent time in the communal areas of the service. We saw activities being provided to keep people occupied.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs. One relative told us, "I have no concerns at all they always call if they need to tell me anything. I was recommended to come here by another home, it has a good reputation."
- Staff were encouraged to raise any concerns to the registered manager. Staff said they were confident any concerns would be listened to and acted on promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had systems in place to engage with staff and people. Relatives told us they regularly engaged in conversations with the staff. They felt their views were valued and considered. Relatives told us, ""If I had any concerns I would speak to the duty manager and I would then speak to the manager and I feel they would deal with it correctly," "I would talk to the manager if I had any concerns, so far if I have spoken to them about any questions, they have always answered them for me" and "I'm happy with the care home, If I needed to live in a care home in the future I'd be happy to live here"
- The staff had an understanding of equality issues and valued and respected people's diversity. People's wishes were respected. We heard people being supported to make decisions about where they wished to spend time and what they wished to do.
- Questionnaires were given to people and their families. This provided people with an opportunity to share their views and experiences of the service provided.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. Care plans did provide some evidence of this. Records demonstrated appropriate referrals had been made to enable people to access health and social services.
- The service had established working relationships with health and social care professionals and commissioners of care.

Continuous learning and improving care; Working in partnership with others

- The registered manager was in the process of implementing a new electronic care plan system. They had been moving some care plans over to the new system. This, along with some staffing challenges had led to the delay in care plans being reviewed.
- The registered manager and maintenance person completed regular checks on equipment and services.
- Staff told us they were able to share their views and that the registered managers door was always open if

they had to raise any issues.