

Mrs Jacqueline Brown

Chy Byghan

## Inspection report

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Chy Byghan is a care home that can accommodate up to 19 people some of whom are living with dementia. At the time of our inspection there were 17 people living at the service.

We carried out this unannounced inspection on 13 and 14 March 2017. This is the first inspection to be carried out at the service under the current registration.

The inspection was prompted in part by notification of an incident following which a person using the service may have been harmed by another person using the service. This incident is subject to further investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk between people using the service. This inspection examined those risks.

The service is required to have a registered manager and at the time of our inspection a registered manager was in post. 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.

Where people did not have the capacity to make certain decisions for themselves the provider had not acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The service had not followed the guidelines of the Mental Capacity Act regarding decisions to restrict a person's liberty. A person who was unable to leave their bed due to poor health had their bedroom locked at all times. The registered manager told us this was done to protect the person from other people entering their room. However, no consultation or best interest process had been followed to ensure this action was appropriate or had been consented to. In addition, seven people who were not at liberty to leave the service due to health conditions had not been subject to the legally required Deprivation of Liberty safeguards authorisation process. The registered manager made appropriate applications following the first day of inspection.

The service had failed to follow professional advice regarding safe manual handling and repositioning practices for a person who was unable to leave their bed. The person's skin integrity had deteriorated.

Training and supervision systems were not effective. The service used a training matrix to identify when staff needed training. However we found there were gaps in required training.

Arrangements for the induction and training of new staff were not robust. There was a lack of recording around the induction to evidence it was in line with accepted national standards.

The service had not followed its policy for the provision of regular formalised and recorded supervision. The

registered manager did not receive supervision.

We found there was limited functioning of the boiler which supplied hot water to ground floor bathrooms. This had been raised as an issue by a relative of a person who lived at Chy Byghan. The registered manager told us the boiler needed extensive works or replacement and as an interim measure a plumber had fitted a pump to the existing boiler. This meant the boiler could supply hot water with a short delay before supply when the hot water tap was turned on.

People told us they felt safe living at Chy Byghan and with the staff who supported them. People told us, "I am really happy here" and "I have friends here. I get on with the residents and all the staff. I feel safe." Relatives said, "My [relative] is very happy living at Chy Byghan. It is a happy home and the staff are really lovely" and "Great, it's like a home from home".

Care and support was provided by a consistent staff team, who knew people well and understood their needs. The service employed a part-time activities co-ordinator who had developed a range of personalised and interactive activities such as quizzes and live music events that people told us they really enjoyed. The service had begun to arrange to support small groups of people to enjoy activities in the local community and enjoyed visits into the service by local students. There was a relaxed and happy atmosphere in the service throughout the inspection. It was clear that staff and everyone who lived at Chy Byghan looked out for each other and there was a happy, family feel to the service.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were suitable to meet people's needs and wishes. Staff completed a recruitment process to help ensure they had the appropriate skills and knowledge.

Staff knew how to recognise and report the signs of abuse and said they would have no hesitation in doing so.

People were supported to eat and drink enough and maintain a balanced diet and were involved in meal planning. We saw minutes from residents meetings demonstrating that people discussed and suggested different options for meals they would like. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments.

Care records were up to date and had been regularly reviewed. However we found discrepancies between information held in people's care plans and risk assessments

People and their families were given information about how to complain. The registered manager and owner were visible in the service, regularly working alongside staff to provide care and support for people.

There were not consistently effective quality assurance systems in place to make sure that areas for improvement were identified and addressed. For example, people's personal monies were not regularly audited. Quality assurance processes had not identified issues with staff training and supervision processes.

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 surveys.

We found breaches 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 end of this report.

## 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. Professional advice regarding safe manual handling and turning practices had not been followed.

There were robust systems in place for the management and administration of medicines.

The service was staffed according to the staffing levels identified as necessary for the service.

**Requires Improvement** ●

### Is the service effective?

The service was not entirely effective. Management were not working in accordance with the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

The service had not implemented the Care Certificate appropriately into the induction and training system for new staff.

Staff had a good knowledge of each person and how to meet their needs. However, staff training was not happening in a timely manner.

People had access to a varied and healthy diet.

**Requires Improvement** ●

### Is the service caring?

The service was caring. Staff recognised and respected people's diverse needs.

Staff had a good understanding of people's backgrounds, and were compassionate in their approach to people.

Staff maintained people's privacy and dignity.

**Good** ●

### Is the service responsive?

The service was responsive. Staff were aware of people's changing needs.

**Requires Improvement** ●

Care plans were informative and were reviewed regularly but information did not consistently align with risk assessments.

People had access to a range of activities.

**Is the service well-led?**

The service was not consistently well-led. Management had taken unilateral decisions about a person's care without due regard to the requirements of the Mental Capacity Act and Deprivation of Liberty safeguards.

Quality assurance systems had failed to highlight areas of the running of the service that required improvement such as training and supervision.

The staff team worked well together to help ensure people's needs were met.

**Requires Improvement** 

# Chy Byghan

## **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 13 and 14 February 2017. The inspection was conducted by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people living at the service, the registered manager, deputy manager, the provider and four care staff. We also spoke with two relatives and two healthcare professionals who visited the service. We looked around the premises and observed care practices on the day of our visit.

We looked at two records relating to people's individual care. We also looked at two staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

The system for assessing risks to people was not robust. Some information in risk assessments was missing or did not accurately reflect people's current situation.

It had been identified that a person required their skin integrity to be regularly monitored as they had been highlighted as being at risk. The service's system for monitoring of skin integrity for people receiving 'end of life care' was unclear. People who required it had 'skin bundle' monitoring records in place, however these were not being recorded overnight. Professional advice received for one person who was unable to leave their bed stated they should have two hourly turns throughout the day and four hourly during the night. There was no recording for turns having taken place during the night.

Care records included risk assessments which aimed to provide staff with guidance and direction on how people should be supported in relation to each specific identified risk. However we saw completed risk assessments did not always match with information provided in care plans. For example, one person was assessed as being at low risk of social isolation and of having 'good verbal skills'. However, we found the person's health had deteriorated to such an extent they had little to no verbal skills. Staff confirmed the person could sometimes communicate yes or no when being offered care but little else. The risk assessment did not reflect the person's current situation and did not highlight the person's social isolation.

Care records were up to date, and had been regularly reviewed. We saw instances when the care plan information and risk assessments did not correspond with each other and did not accurately reflect people's care and support needs. For example, in one person's care plan it was stated the person required full assistance with eating and drinking, and food and fluid charts were recorded for the person to monitor their intake. However, this was not reflected in the person's nutritional risk assessment which had incorrectly scored the level of risk.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us they felt safe living at Chy Byghan and with the staff who supported them. Comments included, "I am really happy here" and "I have friends here. I get on well with the residents and all the staff. I feel safe and am happy living here." Relatives commented, "My [relative] is very happy living at Chy Byghan. It is a happy home and the staff are really lovely" and "Great, it's like a home from home".

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example, Disclosure and Barring checks were completed and references were followed up. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.



There were enough skilled and experienced staff on duty to ensure the safety of people who lived at Chy Byghan.

Incidents and accidents were recorded and the registered manager carried out regular analysis of this information. Where this highlighted people were at increased risk, for example of falls, action was taken to mitigate the identified risk.

Medicines were managed safely. Medicines had been checked on receipt into the service, given as prescribed and stored and disposed of correctly. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted.

The environment was clean and well maintained. The owner carried out regular repairs and maintenance work to the premises. We found there was limited functioning of the boiler which supplied hot water to ground floor bathrooms. This had been raised as an issue by a relative of a person who lived at Chy Byghan. The registered manager told us the boiler needed extensive works or replacement. The current boiler was operating within legal requirements. As an interim measure a plumber had fitted a pump to the existing boiler. This meant the boiler could supply hot water with a short delay to supply when the hot water tap was turned on. In addition, the kitchen had recently been refitted without a separate hand washing sink. We were shown that required pipe fittings had been completed for the fitting and assured this would be completed at the earliest opportunity.

There was a system of health and safety risk assessment and there were smoke detectors and fire extinguishers fitted throughout 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.

The service held money for 13 people who lived at Chy Byghan to enable them to make purchases for personal items and to pay for appointments such as the hairdresser and chiropodist. We looked at the records and checked the monies held for people. Eleven of thirteen records tallied with the amount of money being held. The discrepancies for the two records which were incorrect were minor.

## Is the service effective?

### Our findings

The registered manager did not have 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 and found they were not.

Where people did not have the capacity to make certain decisions for themselves because they lacked the capacity to do so, management had not acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The service had not followed the guidelines of the MCA regarding decisions to restrict a person's liberty. A person who was unable to leave their bed due to poor health had their bedroom locked at all times. The registered manager told us this was done to protect the person from other people entering their room. The care plan stated '[Person's] door is to be shut and locked to maintain her dignity and safety. All staff will have a key for access/emergencies.' However, no consultation or best interest process had been followed to ensure this action was appropriate and the least restrictive option. A capacity assessment in the care plan recorded no best interest decision was required, therefore implying the person had capacity to consent to the practice. There was no evidence the person had agreed to the decision. The process for assessing people's capacity to make specific decisions was not robust.

Seven people living at Chy Byghan were not at liberty to leave the service due to their health conditions. Applications for deprivation of liberty authorisations had not been submitted. The registered manager made appropriate applications following the first day of inspection.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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. We observed staff asked for people's consent before assisting them with any care or support. People made their own decisions, wherever possible, about how they wanted to live their life and spend their time.

When new staff were employed by the service they completed an induction programme which included shadowing experienced staff and getting to know the people living at the service. We were told the induction

was in line with the care certificate, which gives care staff, who are new to working in care, an understanding of good working practices. However, we found there was no evidence to show new staff had completed the care certificate or modules of it. Two new staff did not have an assessment of their current training needs recorded and induction checklists were incomplete, for example it was not evidenced that staff had read and understood key service policies. The registered manager told us this recording was carried out once staff had fully completed the induction process.

A staff training calendar was used to record and plan for necessary staff training. We found the calendar was out of date and did not highlight when training was required. We found several areas including fire safety and moving and handling where staff required updated training. In addition, the registered manager had not completed Safeguarding Adults or Managers training.

The service had not followed their policy regarding frequency of staff supervision, what stated that formalised and recorded supervision would take place on a quarterly basis. The registered manager had not received any supervision or appraisal. Staff told us they felt supported by the management and were free to speak with the registered manager, deputy manager or Head of Care informally as they needed to. However, staff did not have a regular formalised opportunity to discuss working practices and identify any training or support needs.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff told us they had regular staff meetings and we saw meeting minutes to confirm this. These gave staff 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 receive on-going healthcare support. Staff supported people to arrange appointments to see their GP and attend other necessary healthcare appointments. On the day of the inspection two people went to see their GP on their own. We saw staff reminded them of their appointment and helped them plan their day to ensure they went to the appointment on time.

Staff demonstrated that they had a good understanding of people's needs and wishes. Staff spoke knowledgeably about the people living at the service and knew how to meet each individual person's needs.

People were supported to eat and drink enough and maintain a balanced diet. A weekly menu was in place and this was discussed with people during residents meetings. Menu planning was done in a way which combined healthy eating with the choices people made about their food. People commented, "The food is lovely with enough choice" and "I am a diabetic and the cook is very good at knowing what I can and can't eat and making sure there are lots of options for me to choose from especially for puddings."

The design, layout and decoration of the building met people's individual needs. People could access the kitchen to have access to drinks and snacks throughout the day and night. People's rooms had been personalised with their belongings and decorated in a style of their choosing.

## Is the service caring?

### Our findings

Throughout the inspection there was a relaxed, calm and friendly atmosphere at the service. We observed people had good relationships with staff and staff interacted with people in a kind and respectful manner. The staff team had developed caring and supportive relationships with people using the service. Relatives comments about staff included, "It's such a friendly place; a home from home" and "I'm very happy with the care and support provided to my [relative]. The care [person] has received has been brilliant."

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 maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people by their preferred name.

Care plans contained details about people's life histories and family background. This is important as it helps staff to understand who people are and supports meaningful engagement and conversations with people. Staff clearly knew people well and were able to describe to us their interests and preferences as well as outline their personal histories and backgrounds. They demonstrated an understanding of people's needs and were compassionate in their approach.

Care plans recorded people's choices and preferred routines for assistance with their personal care and daily living. Staff encouraged people to make decisions about their daily routines and we observed that people had the confidence to make their own choices. For example, one person liked to take a walk by themselves to get some fresh air after lunch. Another person told us how much they enjoyed cleaning brass decorations and folding the laundry. The person told us, "I clean the brass-work and silverware and I do laundry folding. I look forward to it because I can't be very active now and I like to be doing." This showed staff were aware of people's preferences about how they spent their time and were encouraging and supportive of people's choices.

People moved freely around the premises choosing to spend time in the lounge, dining room or their own room. People were supported to maintain contact with friends and family. Relatives told us they had regular contact with people, were always made welcome in the service and were able to visit at any time. A relative told us, "You can come whenever you want and you'll be warmly received."

People and their families had the opportunity to be involved in decisions about their care and the running of the service through regular reviews, during residents meetings and by feedback requested in the annual satisfaction survey.

## Is the service responsive?

### Our findings

People who wished to move into the service had their needs assessed, before moving in, to help ensure the service was able to meet their needs and expectations.

People received care and support that was responsive to their needs because staff had been provided with detailed information about each person's individual needs. Staff spoke knowledgeably about how people liked to be supported and what was important to them. A relative told us, "I feel my [relative is well looked after here. If there is a problem they are straight on it." We heard about a recent example of a person who was unwell and became increasingly agitated and anxious. The service had informed the person's relative who came in and was able to help settle the person. They told us, "I appreciate that they know I am only a call away and I would much rather come in and help settle [relative] than not be aware of what was happening."

Daily handovers took place to help keep staff informed if people's needs changed and provide them with clear information. Staff kept daily records detailing the care and support provided each day and how people had spent their time. These were completed consistently at various points throughout the day and were detailed giving a good overview of people's health and emotional well-being. Staff told us they were aware when people's needs changed.

An activity co-ordinator was employed at the service. In house activities were arranged including craft groups, singing groups and exercise sessions. On the day of the inspection the activity co-ordinator led people in a sing song accompanied by piano. It was clear from the singing and happy chatter between people how much they enjoyed this. A relative told us, "They seem to have a good range of activities on offer from keep fit, bingo and crafts. They have a regular church service here. A chiropodist and hairdresser come. They all play their part."

We spoke with the activities co-ordinator who shared her vision of how activities would continue to develop at the service in order to meet people's needs. We heard how the service had encouraged more active links between the local community and the service. The service arranged a minibus to take people who wanted to go to a local event to celebrate a royal birthday. Two local schools had come into the service to sing and entertain people. Where people had asked to be able to go out for trips the service had tried to accommodate this. On the day of the inspection we heard the manager supporting arrangements for two people to go shopping and out for a coffee. One person told us they had gone out for a shopping trip with the activities co-ordinator and deputy manager and how much they had enjoyed this. There were plans in place to purchase a wheelchair accessible vehicle to increase the availability of trips out into the local community.

People and their families were given information about how to complain. Relatives and people told us they knew how to raise a concern and they would be comfortable doing so. There were no complaints on-going at the time of the inspection.

## Is the service well-led?

### Our findings

The service is required to have a registered manager and, at the time of the inspection, a registered manager was in post. They were supported by a deputy manager and Head of Care. The registered manager was responsible for the day-to-day running of the service.

Staff had a good understanding of their roles and responsibilities. There was a stable staff team and many staff had worked in the service for a number of years. 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 were positive in their approach to their jobs and displayed a pride in the quality of the service they provided. Comments included; "There is lots of love and genuine caring for people here. I do feel that everyone does their best" and "A lot of people have lived here for a long time; it's their home and we try hard to keep a family feel about it."

There were quality assurance systems in place to help ensure any identified areas for improvement were highlighted and addressed. However, we found these were not always effective. For example, we identified gaps in the provision of staff training. Supervision practices were not meeting the service policy requirements and people's personal monies were not regularly audited.

We identified that the service were not meeting the requirements of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

There was an open culture and staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff meetings were held every six to eight weeks to discuss each person's needs and support the staff team when needed. Notes from a recent meeting showed that staff had discussed procedures around meeting the needs of people at the end of their lives.

People and their families were involved in decisions about the running of the service, as well as their care. This was facilitated through on-going conversations with staff and management and by completion of the annual satisfaction questionnaire. There were regular 'residents meetings' so people living at the service could share their views and discuss subjects such as menus.

Regular maintenance checks were carried out including checks of beds, mattresses and bed rails, wheelchairs and hot water checks. Regular fire checks were carried out appropriately.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people did not have the capacity to make certain decisions for themselves because they lacked the capacity to do so, management had not acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way. The provider was not fully assessing the risks to people or doing all that was reasonably practicable to mitigate any risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did receive the appropriate support, training or supervision necessary to enable them to carry out their duties.</p>