

Chy-An-Towans Limited

Chy-An-Towans

Inspection report

11 Upton Towans
Hayle
Cornwall
TR27 5BJ

Tel: 01736754152

Date of inspection visit:
08 July 2019
09 July 2019

Date of publication:
19 July 2019

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

About the service

Chy an Towans is a residential care home providing personal care to ten people with learning disabilities primarily under aged 65 years of age in one adapted building. The service can support up to ten people

The service operated in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to ten people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service had suitable safeguarding systems in place, and staff had received training about recognising abuse.

Appropriate risk assessment procedures were in place so any risks to people, staff or visitors were minimised.

Staff were recruited appropriately. Staffing levels were satisfactory, and people received timely support from staff when this was required.

The medicines system was well organised and staff received suitable training. People received their medicines on time.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

The service had suitable assessment and care planning systems to assist in ensuring people received effective and responsive care.

Staff received induction, training and supervision to assist them to carry out their work.

People received enough to eat and drink. Some people were involved in food shopping and cooking for the household.

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.

People received support from external health professionals and were encouraged to live healthier lives.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

People had the opportunity to participate in activities and to spend time with the wider community.

People felt confident raising any concerns or complaints. Records showed these had been responded to appropriately.

The service was managed effectively. People and staff had confidence in the registered manager.

The manager was able to demonstrate the service learned from mistakes to minimise them happening again.

The service had suitable systems to monitor service delivery and bring about improvement when necessary.

The team worked well together and had the shared goal of providing a good service to people who lived at the home.

The service worked well with external professionals, and other organisations to provide good quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 9 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Chy-An-Towans

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Chy an Towans is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager, and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. For example, we looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- The provider had appropriately used multi agency safeguarding procedures if they have had a safeguarding concern and CQC was informed by the provider as necessary.
- People told us that if they didn't feel safe they would speak with a member of the care staff or the registered manager and felt sure they would help them solve the problem.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people and guidance was provided.
- The environment and equipment were safe and well maintained. An external consultancy was employed to complete a property risk assessment, and advise on health and safety issues.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- There were enough staff to support people's needs.
- On the days of our visit, when people needed assistance staff responded promptly.
- Staff were recruited safely to ensure they were suitable to work with people. For example, in respect of staff who started to work at the service since the last inspection, a suitable recruitment procedure (including obtaining a Disclosure and Barring check and obtaining references) was completed, although some aspects of documentation could be improved.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe.
- Staff were trained and deemed competent before they administered medicines. Medicines were kept secure.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- When medicines were prescribed for use 'when required' there was sufficient information for staff to administer these medicines effectively.

Preventing and controlling infection

- The service was clean and risks of infection were minimised.
- Staff received suitable training about infection control and food hygiene. Throughout the inspection we

observed staff carrying out suitable infection control measures for example wearing aprons and washing hands.

Learning lessons when things go wrong

- The registered persons said the service learned from mistakes. For example if there was a medicines' error, this was investigated and the team did their best to learn from what had happened to minimise the chance of this happening again.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support were reviewed when required.
- The registered manager said she always went to meet the person to complete an assessment before the person moved to the service. Discussion took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.
- The registered manager said the person had the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs. For example, the person would come for a meal, and have an opportunity to meet other people who lived at the service.

Staff support: induction, training, skills and experience

- Staff had records to demonstrate they had received an appropriate induction. The registered provider was aware of the Care Certificate (a set of industry approved induction standards, recommended for use by the Care Quality Commission.)
- Staff we spoke with said they had received appropriate training to carry out their roles so they could support people to a good standard. Records demonstrated staff had received training required according to legal and industry standards. A staff member said, "We receive lots of training," and said training received was to a good standard.
- Staff told us they had received positive support through supervision. This enabled them to maintain their skills, knowledge and ongoing development. Staff told us they could speak with the registered manager and owners if they had any concerns.

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

- People were supported to receive meals, in a timely manner, which met their dietary requirements. Where necessary arrangements could be made to change the texture of foods to reduce the risk of choking.
- People we spoke with told us they liked the home cooked food. They told us they were offered choices around what to eat. People contributed their ideas when developing the menu. People told us, "The food is great."
- Where necessary arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration. Where necessary records were kept about what people ate and drank.
- People were supported to be independent. Some people were involved in food shopping. People were encouraged to be involved in preparing drinks, snacks and meals.
- People ate at their own pace. People chose to eat their meals in the dining room. Food was served

promptly so people did not have to wait too long. Where necessary people could receive suitable support to eat. For example, to have food cut up, or one to one support with eating.

Staff working with other agencies to provide consistent, effective, timely care

- Staff responded to people's health care needs. People told us staff called their doctor if they felt unwell.
- People said they could see other health professionals such as dentists, opticians and chiropodists. Where necessary this support was recorded in people's files.
- The registered manager said the service received suitable support from the learning disabilities team. For example, from learning disabilities nurses.
- Referrals had been made to a range of health care professionals when that area of support was required. For example, occupational therapists, epilepsy nurses, district nurses, speech and language therapists and dieticians.

Adapting service, design, decoration to meet people's needs

- The building was suitably adapted to meet people's needs. For example there was a walk in shower.
- The provider had developed two separate annexes for individuals to live in, on the same site as the main care home. This enabled the people to have a greater degree of independence so they could receive more appropriate care.
- The building was decorated and maintained to a satisfactory standard. Furnishings and carpets looked clean and were well maintained.
- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets.
- People were encouraged to take regular exercise for example to go for walks.
- People could either contact health professionals independently or received suitable support to do so.

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 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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had applied for DoLS on behalf of people and kept clear records of applications and authorisations, as well as any records when authorisations needed to be renewed.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Where necessary 'best interest meetings' were held and a record of these were kept.

- Staff had received training in the MCA and consistently asked people for consent to ensure they were able to make daily choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated with kindness and were positive about staff attitudes. We received feedback from people which supported this. People told us, "I like it here."
- We observed positive interactions between staff and people who used the service. One staff member said, "I love it here, It is very relaxed. I get to spend so much time going out with the residents."
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to about their day to day care for example what they wanted to eat, where they wanted to spend their time, and if they wanted to be involved in the activities provided. Throughout the inspection staff were observed consulting people about what they wanted.
- People could get up and go to bed at a time of their choosing. We observed the service had a flexible routine.
- People and /or their representatives said they had been involved in care planning and decisions about their future. For example people were involved in an annual review, which also involved their key worker, any family members and external professionals involved in their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they needed help with their personal care.
- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were knowledgeable about people and their needs.
- Care plans contained relevant and up to date information about people's needs. For example, the person's diagnosis and what support staff needed to provide them with.
- Staff knew how to communicate with people and ensured they used their knowledge about people when supporting people to make choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Many people could not read and write. People did not have any sensory impairments. We were told staff would read out, or verbally inform people, of relevant information if necessary (for example personal correspondence, menus, service information).

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw people were engaged in activities. For example, on the days of the inspection some people attended day centres. People were involved in numerous other activities such as pottery, craft, music therapy, bowling, visiting the pub, and going out on walks. The service had to vehicles to enable people to get around the community.
- People had the opportunity to visit local places of religious worship if they wished.

Improving care quality in response to complaints or concerns

- People who we spoke with said they all felt confident that if they did make a complaint it would be dealt with quickly.
- We saw that any written complaints had been investigated and addressed providing the complainant with a formal response.
- The complaints procedure was displayed in the home and this was also issued as part of the service user guide.

End of life care and support

- None of the people who lived at the service required end of life care. The registered manager said people

regarded the service as their home and if any person had a terminal illness they would receive suitable support from the service and external professionals to remain at the service. Support from district nurses, GP's and other external professionals would be sought.

- Where necessary and appropriate staff discussed people's preferences and choices in relation to end of life care with them and their relatives.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager said the emphasis at Chy an Towans was "to support people to live in their own home," and to work with people in "an empowering way," to enable people to live an active lifestyle. The people we spoke with were happy with the service. A staff member said, "Everything is about the residents. The residents seem really happy."
- Staff told us they felt listened to and that the registered persons were approachable, open and honest. A staff member told us, "I can see the manager any time. She is very easy to talk to."
- Staff spoke positively about the registered manager and felt they were supportive.
- Staff said the team worked well together. We were told, "Other staff are very good and communicate well."
- Staff told us, and we saw records to show, they had regular team meetings.

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 had a good understanding of the duty of candour and said staff would always ensure apologies were given if things went wrong.

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

- The service had a registered manager who had worked at the service for several years. The registered manager displayed suitable skills and knowledge to manage the service effectively.
- We saw staff had daily handovers. Detailed handovers helped ensure good communication between the team and consistency of care.
- Staff felt involved in the running and improvement of the service. For example, staff members said there were regular meetings and handovers where they were consulted about people's care.
- The service had satisfactory quality assurance procedures. There were effective systems in place to identify concerns with the quality and safety of care and the environment. The registered manager was in day to day contact with the provider. The registered provider regularly worked at the service and was actively involved in its management.
- The registered persons had ensured that their rating was displayed at the service. The manager had notified us about events which happened in the home.
- A survey had been completed. Responses received from people, relatives, external professionals, people

and staff had been positive.

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

- The service had a calm atmosphere and was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.
- People had regular meetings with staff. A staff member said there were discussions about what people wanted to eat and activities they wanted to participate in.
- Staff were also able to raise concerns and suggestions about the service. Staff said they had regular one to one supervision and staff meetings. All the staff we spoke with had confidence that the registered manager would take action on any issues raised.

Continuous learning and improving care

- The service had some audit systems in place for example in respect of the management of the medicines system, staff training, health and safety, and care planning.
- The registered manager encouraged feedback and acted on it to continuously improve the service, for example the day to day care received by people at the service.
- Staff told us that they felt able to raise issues with the registered manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had good links with statutory bodies such as the local authority and learning disabilities team, the local community and the provider worked in partnership to improve people's wellbeing.
- People had opportunities to maintain positive links with their community, families and friends.