

Praxis Care

Coombe House

Inspection report

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Date of inspection visit:
18 April 2017

Date of publication:
24 May 2017

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

Coombe House provides accommodation and nursing care and treatment of disease, disorder or injury for up to 12 people with learning disability or autistic spectrum disorder. At the time of our inspection there were 12 people living in the home. At the last inspection, in November 2014, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive care in ways which helped them to remain as safe as possible. There was enough staff to provide support to people to meet their needs. The registered manager was in the process of recruiting additional staff, so people would have more opportunities to do things they enjoyed at the time which was right for them. People were protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff received training linked to the needs of people who lived at the home. People made day to day decisions about their care and staff sought people's consent before helping them. Support was available to people if they needed help making key decisions about their life. People were supported to stay well and had access to health care services and enjoyed their mealtime experiences.

People had built strong and caring relationships with the staff who supported them and were encouraged to make their own choices and maintain their independence. People were treated with dignity.

People and their relatives' views and suggestions were listened to when their care planned. No complaints had been made since our previous inspection, however, systems were in place to promote and manage complaints. Relatives we spoke with knew how to raise any complaints or concerns.

People, their relatives and staff were encouraged to make any suggestions to improve the care provided and develop the home further. The registered manager worked with people, their relatives and other organisations in an open way so people would enjoy the best well-being possible. Regular checks were in place to assess and monitor the quality of the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Coombe House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. At the last inspection on 27 November 2014 the service was rated as good.

This was an unannounced comprehensive inspection which took place on 18 April 2017 and was completed by one inspector.

We reviewed the provider information return (PIR) that the provider submitted to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the different communal areas of the home. We spoke with three people who lived at the home and two relatives. The registered manager was not available on the day of the inspection, so we spoke with them after we had inspected the home. We talked with the two senior staff members, four care staff, the cook and a member of the administrative team. We also spoke with an aromatherapist who regularly provided activities for people to enjoy. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documents and written records including two people's care records, records about the administration of medicines and newsletters. In addition, we looked how complaints processes were promoted and managed. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included minutes of staff meetings, quality surveys completed by people and their relatives and health and safety audits.

Is the service safe?

Our findings

People's relatives were positive about the way staff promoted their family member's safety. One relative explained how staff cared for their family member so they would remain as safe as possible when they choose to move round the home. The relative told us, "You can rely on staff helping [person's name] when they need it."

Staff knew how to recognise if people may be subject to harm or abuse. Staff were confident if they raised any concerns for people's safety with senior staff or the registered manager they would work with other organisations with responsibilities for helping to keep people as safe as possible. One staff member told us how they were able to raise any concerns directly with the provider's representative, or helpline.

People were cared for in ways which meant they were still able to do things they enjoyed in ways which reduced the likelihood of them becoming anxious. For example, staff offered people opportunities to do fun and interesting things with gentle encouragement. We saw staff regularly checked people's responses, so they could be sure people were not becoming apprehensive.

Staff gave us examples of the types of risks some people experienced and knew what actions to take so people's safety needs would be met. For example, one staff member told us about the risks to some people's skin health, another staff member told us about some people's risk of falls. We saw staff had been given information on the best way to care for the people, and that equipment was in place so risks to people were reduced.

People's relatives told us there was enough staff to meet people's safety and care needs. Staff told us there was enough staff to meet people's care and safety needs and for planned trips out to do things they enjoyed, safely. One staff member highlighted people were supported by staff that had worked with people for a long time and knew their safety needs well. The registered manager gave us examples of when the number of staff were increased in response to people's needs, so they would get the care they needed as their needs changed. The registered manager advised they were currently recruiting more staff, so people would have increased opportunities to spend time out in the community in a more spontaneous way.

We saw recruitment checks which had been done before staff started to work with people. By doing the checks the registered manager was assured the staff member was suitable to work with people who lived at the home.

People received their medicines when they needed them. Staff were not allowed to issue medicines until they had received training and their competency was checked. Staff knew how people liked to take their medicines and responded to this so they received these in the ways they preferred. We saw staff checked people were receiving their medicines as prescribed, and kept clear records of the medicines people had. As a result of checks undertaken by staff a recent error made by the pharmacy had been promptly identified, and action taken so the person affected continued to receive the medicines they needed. All medicines were securely stored.

Is the service effective?

Our findings

People were supported by staff with the knowledge to meet their needs so they would be able to enjoy the best well-being possible. Relatives we spoke with were positive about the way staff used their skills to care for their family members. One relative said, "They [staff] have the skills necessary to look after [person's name] and are all knowledgeable." Staff told us they regularly undertook training. One staff member explained the training was delivered by someone who knew the people living at the home well, and said the training helped them to deliver good care.

We saw records which showed us the training staff had undertaken linked to the needs of the people living at the home. For example, staff had received training matching people's individual physical and mental health needs, such as epilepsy and risk of choking.

Staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. We saw staff offered support to people and checked they wanted to receive care, and that people's wishes were respected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found where staff needed to make specific decisions in some people's best interests or to deprive anyone of their liberty the necessary action had been taken.

People enjoyed their meal time experiences and were comfortable to ask for drinks and snacks when they wanted them. We spoke to the cook who explained the actions they took to meet people's dietary needs so people would remain well. One staff member explained how they had supported one person to successfully reduce their weight and increase their general health in a way which helped the person to still enjoy their meals and snacks. We saw staff had also supported people to gain weight, where this was needed for their general health. We saw people's mealtimes were not rushed and people's choices and preferences were acted upon. Where people needed support from staff in order to eat safely or to choose from a range of food and drink options this was provided.

Relatives told us staff supported their family members to see health professionals so they remained as well as possible. One relative how regularly their family member's health was checked by staff and said, "They [staff] do a fantastic job." The relative told us their family member regularly saw their dentist and optician. Staff told us people had regular access to their GP and other health professionals including speech and language specialists. We saw specialist advice was sought promptly if staff had any concerns for people's well-being. This included from occupational therapists, physiotherapists and psychiatric professionals, so plans would be agreed to meet people's needs. We also saw people were supported to have regular health screening.

Is the service caring?

Our findings

People showed us they enjoyed spending time with staff and were relaxed when asking for support. Relatives told us staff were caring. One relative said, "Staff are very friendly, and clients are important to them. It's the way they [staff] talk to them [people] that makes you realise they love them." People's smiles told us they had built strong relationships with staff, and were comfortable to let staff know if they wanted anything.

Relatives told us staff cared for their family members in ways which made them feel valued. One relative told us staff had used their knowledge of their family member's favourite drink when designing a birthday cake for the person in the shape of a tea cup and saucer. The relative told us their family member had really appreciated this. Another relative explained the care provided by staff had helped their family member to settle quickly at the home. The relative said, "They [staff] held his hands gently and this made all the difference."

Staff knew people well and spoke warmly about the people they cared for. Staff told us many of the people had lived at the home for extended periods of time, and several of the staff had worked at the home for a number of years. Staff told us this helped them to understand what was important to people, such as their interests and hobbies and how to make them feel cared for. One staff member explained people considering moving into the home were encouraged to come and visit first, so they could get to know staff. The staff member told us, "You read up on any information sent to you to get to know people, and you communicate with them, see their facial expressions." The staff member told us the visits also gave them the opportunity to find out about people preferences and needs from their relatives.

People made some of their own day to day decisions such as what they wanted to wear, where in the home they wanted to be and what fun and interesting things they wanted to do. We saw staff gave people gentle encouragement to be involved in the daily life at the home, and provided care to people in ways which recognised people's preferences and decisions. One staff member explained how one person had been involved in deciding with staff support how they wanted their room to be decorated. Another staff member explained one person always enjoyed wearing a scarf. We saw the person had been supported to do this.

The way staff cared for people took their rights to dignity, privacy and independence into account. One staff member said, "People's care plans reflect their dignity needs and you always make sure people's doors are closed when you care for them, you use screens in joint rooms, and generally look after them as if it was your own family." Another staff member we spoke with recognised people enjoyed as much independence as possible. The staff member said, "You let people be as self-managing as possible and encourage them to do what they can." We saw staff were discreet when taking people for personal care, and people's personal information was securely stored.

Is the service responsive?

Our findings

People were confident to let staff know how they wanted their care to be delivered, and to request support from staff. One relative told us, "If clients are asking for something, they get it." Relatives told us they were encouraged to make suggestions about the care their family members received. One relative explained this was done through meetings to plan their family member's care. Another relative highlighted they were encouraged to make suggestions at any time through informal discussions with staff. One relative told us their suggestions for additional equipment to benefit their family member had been listened to, and action taken by staff.

We saw staff used their knowledge of people's preferences when caring for them and gently encouraged people to decide how they wanted to be supported. Staff varied how they communicated with people so people had the best chance to let staff know their wishes and preferences. Staff told us there were regular opportunities for them to communicate information so people would receive the care they needed as their needs changed.

People's care plans reflected their unique histories, health needs and preferences. Staff took into account advice provided by health and social care professionals when planning people's care, so people would enjoy the best well-being and safety possible. People's care plans and risk assessments provided staff with the information they needed to care for people so their individual needs were met and risks to their well-being reduced.

Relatives told us they were able to visit their family members at any time. One relative told us they had the opportunity to meet with other relatives during coffee mornings at the home. Staff understood how important it was for people to keep in touch with their families. One staff member explained staff supported some people so they were able to enjoy visits to their own family member's house.

Staff took practical action to care for people and include them in fun and interesting things to do. Staff provided gentle encouragement to people to be involved in games. Staff supported people so their anxiety was reduced when they were given the opportunity to try new things. One relative we spoke with told us, "They [staff] include everyone here in the activities, such as spending time making Christmas hats, which [person's name] really enjoyed, and time in the garden." Staff understood some people preferred to spend time chatting to staff about their favourite hobbies and interests, going for walks or meals out. One staff member said, "[Person's name] loves to talk about their favourite football team." We saw people enjoying aromatherapy sessions and listening to music.

No complaints had been received since our last inspection. Relatives told us they had not needed to raise any complaints as staff listened and took action when they made suggestions about their family member's care. Information was displayed so all parties knew how to make complaints.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People showed us they enjoyed being with senior staff who cared for them and relatives were positive about how the home was run. One relative told us, "The leads [registered manager and senior staff] here inspire good care. They [staff] know what to do and do it. There's nothing I can fault at all." Another relative highlighted how pro-active the registered manager was in caring for people and said, "[Registered manager] deals with things by example and is very capable."

Staff highlighted they found the registered manager and senior staff to be approachable, and this led to a culture of openness. One staff member said because of the way staff were managed people benefited from being cared for by a long standing staff team who understood their needs. The staff member said, "There's no high turnover of staff or sickness." The registered manager told us, "The staff are excellent and this makes a huge difference to people. For the staff here it's not just a job, it's about their kindness and the things they do above the call of duty to support and settle people. This means relatives have confidence in the service."

One staff member told us how staff were supported to provide good care through working with other organisations. The staff member said, "Our boss [registered manager] finds us the best people [health and social care professionals] to help us deal with any problems." Another staff member told us staff at the home had worked very closely with a local hospice. The registered manager explained this had worked well, as staff at the home were able to develop their skills in supporting people at the end of their life, and the hospice had developed a greater understanding of the end of life needs for people with learning disabilities. The registered manager explained this work had helped to make sure people were supported to have a dignified and pain free death.

People, their relatives and staff told us they had opportunities to make suggestions about the care provided and the way the home was run. Relatives highlighted communication was good, and they found the registered manager and senior team to be open. One relative told us about the regular newsletters they received, so they knew about the care, support and fun things their family member had done.

The registered manager checked the quality of the care offered through friends and family questionnaires. We saw feedback was positive. The provider also undertook regular checks so they could be assured people were receiving the best care possible. These included making sure there were enough staff with the skills necessary to care for people, that people's rights were promoted and risks to their well-being were reduced.