

Combe Home Care Ltd

# Coombe Home Care Ltd

## Inspection report

10 The Candar  
Ilfracombe  
EX34 9DG

Tel: 07876100989

Date of inspection visit:  
04 July 2019  
10 July 2019  
17 July 2019

Date of publication:  
08 August 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

Coombe Homecare is a domiciliary agency providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives were complimentary about the care and support they received from Coombe Homecare. One said, "I was so grateful for the support you gave me- what would we do without you."

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 were protected because risks had been assessed and any measures needed to mitigate these were fully documented. Medicines were being safely managed.

People were supported where needed to maintain good nutrition. People's health and emotional wellbeing was closely monitored and responded to when needed. Staff worked in partnership with other agencies to achieve the best outcomes for people

Staff were knowledgeable about people's needs and wishes. People were treated with respect and their dignity and privacy was upheld.

The service had an open and inclusive culture, complaints were taken seriously. People and staff voice mattered, and the registered manager looked for ways to capture this.

There were quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 12/07/2018 and this is the first inspection.

### Why we inspected

This was a planned inspection in line with our guidance to be completed within one year of the service registration.

### 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.

# Coombe Home Care Ltd

## 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 July and ended on 25 July 2019. We visited the office location on 4 July.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at all the information we held about this service including any notifications. We used all of this information to plan our inspection.

During the inspection-

We visited the registered office and spoke with the registered manager, one director and one member of staff. We reviewed three care plans and associated risk assessments. We looked at three staff recruitment and training files.. We also looked at accident and incidents and documents relating to quality assurance. This helps us to understand how well the service was being run.

We visited three people with their own homes to talk about their experience of receiving care and support from Coombe Homecare. We spoke with three more by phone.

We spoke with two staff via phone following our visits.

After the inspection –

We sought feedback from three healthcare professionals and received information back from one.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and well cared for. One person said, "They are a lifeline to me. I really look forward to their visits." Another person said, "I feel safe knowing they will come and help me. They have never missed a visit."
- Staff understood how to keep people protected from risks. They knew when and how to report any concerns and were confident these would be addressed by the management team.
- The service had policies and procedures to ensure staff understood about abuse. This was backed up with regular training and discussions.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. This was because risks were identified as part of people's initial assessment and ongoing monitoring. Where risks had been identified, staff had clear guidance about how to reduce these risks. This might include risk of poor hydration and nutrition, risk of falls and risk of pressure damage.
- The service worked in conjunction with healthcare professionals to monitor risks and ensure the right equipment was in place where needed. For example, a specialist mattress to reduce the risk of pressure damage.
- The service assessed environmental risks prior to a package of care starting. This ensured staff and people were safe as far as practicable.

Staffing and recruitment

- There was sufficient staff with the right skills to ensure everyone received their package of care at a time that suited them.
- The registered manager said they were purposely building their business up slowly because they wanted to ensure they could meet everyone's needs. They only wanted to employ new staff who would fit into their existing team who they described as "having a caring ethos."
- Recruitment practices were robust. Staff were only employed once all checks and references had been received. This ensured only staff who were suitable to work with people who may be vulnerable were employed.

Using medicines safely

- People said they were assisted to take their medicines at the right time.

- Staff received training in safe medicines management and this was checked via monthly audits to review the medicine recording sheets.
- The registered manager said they ensured staff had training and their competencies were checked on a regular basis. This ensured staff were following the agency guidance and best practice.

#### Preventing and controlling infection

- Staff received training in infection control and understood the importance of ensuring this was embedded in their everyday practice. People confirmed staff wore protective clothing and washed their hands.
- There was a plentiful supply of gloves and aprons for staff to use when out on visits to people.

#### Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, when one person said staff left their freezer door open, the registered manager issued a written apology and reimbursed them for the spoilt food. They said it was difficult to prove whether this had been a staff member. As learning point they asked staff to record when they used the freezer and record they had closed the door.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

- People confirmed their needs and wishes were discussed in order for a detailed care plan to be developed. This included what support people needed to stay safe and healthy. It also looked at people's wishes and preferences.
- Copies of care plans were made available within each person's home. Plans were detailed and enabled staff to understand people's needs, wishes and preferences. This helped to ensure consistent care and support was provided.
- Where needed guidance and best practice was sought to enable care to be delivered effectively. This included working closely with the community nurse team and people's GP's to help monitor health conditions.

Staff support: induction, training, skills and experience

- Staff said they had opportunities for enhancing their skills via regular training, support and supervision. Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.
- Staff who were new to care and existing staff were expected to complete the Care Certificate, which is considered best practice induction training. Alongside this staff also completed an in-house induction and were able to shadow experienced care workers before going on visits alone. One staff member said, "I was very new to this type of work, so it was reassuring to go with more experienced carers to see how they did the job."
- People and their relatives were confident staff had the right skills to support them. One said "They do know what they are doing. Since I have been having them I am eating more, have put on some weight and feel better."

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

- Where indicated in the care plan, people were supported to maintain good nutrition and hydration to keep them well.
- Staff knew people's likes and preferences about what food and drink to prepare.

People confirmed staff always ensured they had drinks and food available to them. One person said, "I was not eating at all and (name of carer worker) encouraged me to try a little. They come and eat lunch with me and now I am able to eat a normal lunch."

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

- People and their relatives confirmed care workers monitored their health and called for emergency support if needed. One person said "Once I felt unwell and the carer said she didn't like the look of me and called for a doctor to come. She spoke to my family and they came to wait for the doctor to come. They are very caring."
- The service had produced a care passport with people's essential information which can be taken with them should they need to go to hospital.
- There was evidence within the daily records that staff worked closely and liaised with other healthcare professionals to keep people well.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. No one was under the authorisation from the Court of Protection

- Staff understood the principles of ensuring people were supported to have maximum choice and control in their lives.
- People confirmed staff checked with them before completing any personal care. This meant staff gained people's consent. Where people refused care and support, staff recorded this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as Good.

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

- People we spoke with were extremely positive about the kindness and caring attitude of staff. One person said "I would not have any other carers. These are the best. (Name of care worker) is so lovely. I am treated very well." Another person said "All the carers are good. They always ask me if I need anything else doing. I really enjoy their visit. It's like a breath of fresh air."
- Staff had developed strong bonds and relationships with people. One person said their care worker came back at lunch to eat with them. Another said they had moved to their new flat feeling "Very down and not all well. They have been so kind and helpful. I now get taken out for a coffee once a week." One thank you card said, "It's hard to find the right words to express my gratitude to you for all the help you gave me over the past weeks. You really helped me get through the difficult times with kindness, thoughtfulness and of course friendship."
- People's equality and diversity was respected. This was achieved through having personalised plans which people had developed with the service.
- Where people were being supported with combating social isolation, staff thought outside the box to arrange outings which were personal to them. One person was asked what they would have enjoyed doing with their partner. They said they enjoyed going out to star gaze. The staff member packed up their car with a picnic, flask and rugs and took the person out to Exmoor where there was less light pollution and they could see the night sky clearly. Another person had a love of animals so staff had made a list of places and zoos to take them so their passion for animals could be met.

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

- Before the service started a new package of care, the registered manager ensured they met with the person and their relatives if appropriate and discussed their needs and wishes to include in their care plan.
- People confirmed their plans were developed and reviewed with them. They agreed that the plans contained all the information needed for staff to support them how they wished.
- The registered manager explained when a new package of care was being discussed, they were clear about the times they could do, based on other current packages. They said they were flexible where possible but were also honest about whether they could achieve the exact time requested.

Respecting and promoting people's privacy, dignity and independence

- People said staff made sure their privacy and dignity were upheld
- Staff were able to describe ways in which they upheld people's privacy in assisting them with personal

care. For example, making sure areas of people's bodies were covered.

- People's care plans directed staff to ensure people's independence was promoted and considered at all times. For example, explaining what people could do for themselves and areas they may require some or full support with.
- The registered manager said they had worked with some people through a period of rehabilitation and it was rewarding to see them gain their confidence and independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good.

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

- People received care and support in a way that was flexible and responsive to their needs. This was achieved through detailed pre-assessment which was inclusive and promoted the individual to say how they wished to be supported.
- The assessment was used to develop a personalised care plan. This gave details of people's preferred routines, likes, dislikes and their social history. This meant staff could tailor their support to meet these wishes and needs.
- Staff were inventive and creative in helping people to stay well. For example, they noted one person would often forget to eat the lunch they left prepared for her. They made up flash cards with funny sayings to remind the person to eat their lunch. These were left around the home and were successful because the person gained weight and now had a normal BMI.
- Visits were planned so time could be spent doing things which were important to the person, . This may mean spending time chatting about their garden, blow waving a person's hair and cooking a meal from scratch rather than rely on frozen meals.
- People confirmed they had a small team of known workers unless there was sickness or holidays. One person said, "I have my favourite carer and usually the office make sure I have her, but the others are very good too!"
- The service had received thank you cards and compliments about how responsive they had been toward ensuring people's needs were met. One said, "I was so grateful for the support you gave me- what would we do without you."

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.

- Care plans detailed if people had specific communication needs and equipment to assist them. This included hearing aids, visual prompts and flash cards.
- All information could be provided in large print and the service were looking at ways to incorporate more pictures into their information as a way of helping people understand information.

Improving care quality in response to complaints or concerns

- In each person's care file held in their home, there was a copy of the complaints process. This was clear

and identified who people should contact if they had a concern or a complaint.

- People said they could make their concerns known. One person said, "It you ever had a problem (name of registered manager) is so easy to talk to, you could just ring her."
- The service took all feedback seriously and responded to complaints with a full written response.

#### End of life care and support

- Care plans contained a section about people's end of life wishes. These were completed if people wanted to complete this section.
- Staff received some training and support around the end of life care for people. The registered manager said they often worked closely with the community nurse team to provide support when someone was nearing their end of life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as Good.

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 office was located centrally in the town near the library. People and staff were seen popping in and out during the day we inspected. The registered manager said they welcomed people and their families to come and have a coffee and a chat. They wanted to promote an "open and inclusive environment."
- People were asked for their feed back about the care and support they received on a regular basis. The registered manager said they were about to send out a survey to people and their families to ask a range of questions about the service.
- Staff said their views and opinions mattered. They said they felt valued and described the registered manager and director as "Very approachable, kind and helpful." One said, "We are always discussing ideas about what works best for people."
- Recent staff surveys showed high level of satisfaction for working for the service and the way they were treated.
- Staff meeting minutes showed staff were constantly reviewing what worked well and what had not worked well for people. This meant they were looking for ways to improve outcomes for people, rather than just being task focussed.

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 legal responsibility to be open and honest. They gave examples of where they had needed to report matters to the local safeguarding team.
- Where mistakes had been made, the registered manager apologised and put things in place to prevent a further incident. For example, there had been a medicines error in one person's home where two people were taking medicines. Following the error, staff were instructed to only do one person's medicine at a time to eliminate another error.

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

- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.

- Staff were positive about how the registered manager and director worked to promote a high-quality service.
- The registered manager was aware of their responsibilities to provide the Care Quality Commission with important information.

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

- People's equality characteristics were fully considered when planning and reviewing the service. This was evident in the detailed and person-centred plans which considered people's holistic needs.

Continuous learning and improving care

- Continuous learning was seen as key to ensuring a high-quality delivery of care in line with best practice. For example, understanding about pressure care.
- The service had joined up with some local care homes for some training and were using the resources of the nurse educator who worked with local services.

Working in partnership with others

- One healthcare professional said the service had good working relationships with the community nurse team and local GP's which ensured joined up care and support.
- The registered manager said they saw partnership working as essential in ensuring all aspects of people's needs were met. They gave an example of someone who had a skin cancer. They worked closely with the community nurse team to ensure the right treatments were applied daily to good effect.