

Praxis Care

# Coombe House

## Inspection report

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### 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 House is a residential care home providing personal and nursing care to 12 people who have a learning disability. Coombe House accommodates 12 people in one adapted building which is set over two floors.

The service has been developed and designed 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 12 people, 12 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.

### People's experience of using this service

People told us they felt safe and well supported. Relatives confirmed they felt their family member was safe. Staff had a good understanding in how they protected people from harm and recognised different types of abuse and how to report it. Potential risks to people had been identified and staff had consistent knowledge in how to reduce the risk of harm. There were enough staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care continued to be assessed and reviewed with the person and their relative or advocates involved throughout. People were supported to have a healthy balanced diet and were given food they enjoyed. Where people required a specialised diet, this was in line with external healthcare professional's advice and in line with best practice. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. 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.

Staff cared for people in a kind and considerate manner. People were treated with respect and their dignity and privacy was maintained. Staff helped people to make choices about their care and the views and decisions they had made about their care were listened and acted upon.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported and encouraged to maintain their hobbies and interests. People and relatives had access to information about how to raise a complaint.

People and their relatives were happy with the way the service was run. The registered manager was visible in the home, listened and responded to those who lived in the home and the staff who worked there. The culture of the service was an open and transparent. People and relatives were listened to and had the opportunity to raise their suggestions and ideas about how the service was run. Staff worked well as a team and were supported by the provider to carry out their roles and responsibilities effectively, through training and regular contact with the registered manager. The checks the registered manager and provider made ensured the service was meeting people's needs and focused upon people's views and experiences.

#### Rating at last inspection

The last rating for this service was Good. The last report was published 24 May 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?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Coombe House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

The Coombe House 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our 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.

#### During inspection

We spoke with two people who used the service and three relatives. We spoke with the chef, three carers, the administrator, the deputy manager, the registered manager and a visiting healthcare professional. We spent time in the communal areas of the home to understand how people spent their day and how staff supported people. We looked at aspects of two people's care records and other records relating to people's care such as medication records, audits and other records about the management of the service.

#### After inspection

In addition we spoke with a further relative and an external healthcare professional. We received written feedback from a further healthcare professional.

# Is the service safe?

## Our findings

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

At our last inspection 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

- People continued to be kept safe by the staff who supported them. We saw people were comfortable and relaxed when staff were supporting them. Relatives felt their family members were kept safe from harm. Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. The registered manager understood what action was required to protect people from harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- Relative's told us staff understood their family members individual risks and how to manage these to keep people safe.
- Staff supported people in line with best practice to meet their complex, individual safety and health care needs.
- There was a very good communication system in place for ensuring consistent, timely and safe care was delivered. The staff team had regular updates to ensure risks were being managed, mitigated and reviewed.
- Staff communicated information about incidents and accidents. The registered manager monitored these events to help prevent further occurrences.
- People were receiving their medicines when they should. The registered manager was following safe protocols for the receipt, storage, administration and disposal of medicines.

Staffing

- Relatives told us there were enough staff on duty to meet their family members needs in a safe and timely way. Staff were visible in communal areas and made regular checks where people preferred to stay in their rooms.
- Staff told us there were sufficient numbers of staff on duty and said they had time to meet people's needs.
- The registered manager understood people's individual support needs and the skill mix of their staff group required to keep people safe. They organised the staffing levels based upon people's individual needs and reviewed this regularly, or when people's care needs changed.

Preventing and controlling infection

- Relatives told us staff kept the home clean. We saw the home was clean and smelt fresh.
- Staff understood the importance of infection control and we saw good practice within the home.

# 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

- Relatives were involved in the assessment of their family member's care from the beginning. Relatives spoke very positively about how staff had supported their family member to transition into the home. It was clear all staff knew people well and understood how to meet their individual needs.
- Relatives told us they were confident in staff's approach and had the knowledge and abilities to meet their family member's needs.
- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member. A relative told us how they, "Trusted the staff", and knew staff had the person's, "Best interest at heart."

Staff support: induction, training, skills and experience

- The registered manager had a comprehensive induction for new staff, and training ran throughout the year, to keep staff up-to-date with best practice. There was a good skill mix of staff on duty at the time of our inspection.
- Staff were confident in the care and support they provided. They told us they had received training which was appropriate for the people they cared for. Staff were encouraged to develop and kept up to date with best practice.
- An external healthcare professional told us staff were, "Always knowledgeable about the individuals they care for, and demonstrate a high standard of nursing and specialist learning disability knowledge."
- The registered manager recognised the importance of keeping their staff group up to date with best practice and we saw this reflected in the way they supported people.

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

- People were given a choice of meals to eat during the day and had access to fresh fruit and snacks if they wanted them.
- We spent some time with people during their lunch time meal and saw this was a positive experience for people. Where people required assistance, this was done respectfully.
- Some people were supported with their nutrition and hydration through a special tube called a Percutaneous Endoscopic Gastrostomy (PEG). Nurses supported people with this aspect of their care and did this in line with best practice.
- Staff monitored people's weight to ensure this remained stable and people remained well.
- Where people were on a specialised diet, staff were aware of how to meet their dietary needs, such as who

required a softer diet. We found there was good communication between the catering staff and the care staff to ensure people ate meals that were individualised to their specific needs.

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

- Relatives confirmed their family member saw their doctor if needed. We saw information in people's care records to show they were supported to attend health appointments, so they would remain well.
- We spoke with two visiting healthcare professionals during our inspection. They confirmed the registered manager was proactive in seeking advice and followed their guidance well. They felt people were supported to stay well and staff accessed their support should they have any concerns.

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

- The service had been adapted to meet people's needs. People's bedrooms were equipped with specialist nursing beds and tracked ceiling hoists, so staff could support people safely. People had access to bathrooms which had adaptations and specialist baths to keep people safe while receiving personal care.
- People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests.
- People had access to communal areas within the home which gave them a choice of where they would wish to spend their time. This included a garden area which was accessible for wheelchair use.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We saw staff tailored their approach for seeking consent to each person's individual communication needs.
- All staff understood and applied the Mental Capacity Act principles in the way they supported people.
- The registered manager worked with healthcare professionals to understand whether people had capacity to make decisions about their care and treatment. Where it was deemed people lacked capacity, authorisations had been requested. Where these had been granted staff understood how individuals were to be supported.

# 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 we found 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

- A person we spoke with was happy with the service they received. We saw staff supporting people in a kind and caring way, which considered people's emotional well-being.
- Relative spoke highly of the care and support staff offered their family member. One relative told us, "It's a wonderful place." All relatives we spoke with felt staff were welcoming, supportive and put the needs of their family member first.
- Staff interaction with people were kind and respectful. Staff were patient and took time to support people at a pace which suited the person.
- We found the atmosphere in the home to be calm and relaxed. We heard conversations between people and staff were friendly and supportive.

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

- Staff had a very good understanding of the people they supported, and were aware of their life histories, the things they liked and didn't like, and the people who were important to them. Relatives felt staff listened to them and respected their views when supporting their family member to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported with maintaining their dignity throughout the day. People's personal space was respected by staff and other people living in the home.
- Relative's told us their family member was treated well by staff and their privacy was maintained.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.
- People's confidential information was securely stored, to promote their privacy.

# 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 "Good". At this inspection we found the 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

- People, and where appropriate their relatives and advocates continued to be involved in the planning of their care from the beginning and people's needs continued to be met.
- People's care needs were reviewed regularly and any changes in care were identified through assessments and monitoring. Where the registered manager felt there were changes in a person's health they made prompt referrals to healthcare professionals. External healthcare professionals confirmed staff were prompt in their requests, and while they sought advice, the care staff were already taking the action and delivering care in line with best practice. One healthcare professional said staff were, "Problem solving issues for themselves, as appropriate to the remit of a specialist provider."
- There was a good level of information about people's needs and preferences. Where people's needs were changing we saw there was clear communication amongst the staff group, so the registered manager could take action. Staff were aware of what action the registered manager had already taken.
- We listened to a staff handover, which was detailed and informative. Staff confirmed this was useful in keeping up to date with any changes to people's care and support since their last shift.

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

- People spent their day according to their preferences. Some people preferred to spend their time in their own rooms, or within the communal areas. While other people enjoyed going out.
- People had access to the providers transport, which gave people the freedom to travel to places they wished. We saw people were supported to access the community during our visit and keeping in touch with friends and family who were important to them. We also heard staff supporting people to make future plans for activities they would enjoy.

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.

- Staff told us they knew people very well and listened to their verbal sounds, watched their facial expressions and body language to understand what they were communicating to them. One person's communication preference was writing and saw they had access to paper and pens to support them with their communication.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place should people or relatives need to raise a complaint.
- People and the relative told us they knew how to raise a complaint if they needed to but were very happy with the service provided.

#### End of life care and support

- We saw in people's care records that discussions had been held with people, and where appropriate their relatives, about their end of life care wishes. An external healthcare professional told us when they were involved in putting support in place for a person who was receiving end of life care, this was done in a respectful and dignified way which supported the person and their relatives also.

# Is the service well-led?

## Our findings

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

At our last inspection this key question was rated "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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- A person and relatives spoke fondly of the registered manager and shared examples of how they had taken time to listen and offer re-assurance. Relatives confirmed they felt all staff were open and welcoming and listened to their views. One relative said, "We are welcome anytime, they have an open-door policy."
- People, relatives and staff felt the service was well run, by a management team who cared. They had confidence in the service provided. A relative said, "I trust [registered managers name] 100%, she has [person's name] best interest at heart, and I know that she would care for [the person] as well as I would."
- There was a good culture and approach to teamwork within the home. Staff told us they worked well together in a joined-up approach. We saw communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- All staff we spoke with were happy with the way the service was run and where they had suggested improvements in the past, these were responded to.
- Staff felt valued and appreciated for the work they did. They expressed to us how proud they were to work at Coombe House and the positive outcomes they supported people to achieve.
- The registered manager and their staff team worked with people, relatives and healthcare professionals to provide the best outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 told us they were continually looking to improve the service, they were aware of relatives and staff views to update the decoration. We saw the provider had systems in place to ensure the environment was safe and services, such as water and heating, were well maintained. However, the home was beginning to look tired, for example, the carpet in the lounge was stained, corners of walls were damaged from knocks from wheelchairs and some rooms required re-painting. The registered manager told us the provider was aware and plans were being put in place, so these areas could be addressed.
- Staff were clear of their roles and responsibilities. The registered manager and deputy manager monitored performance of staff through supervisions, spot checks on staff practice and sharing information in team meetings. This helped to ensure all staff were consistent in their approach to the care and support provided.
- The registered manager and provider completed checks to ensure the service was delivering high quality

care. The registered manager told us their next focus was to become innovative in their approach so outcomes for people would become outstanding.

- The registered manager understood their responsibilities for reporting events and incidents which were legally required to the CQC. The legal requirement to display the CQC ratings of the last inspection was also displayed in the home.