Coombe Grange Care Limited

# Coombe Grange Residential Home

## Inspection report

Coombe Grange
Sway
Lyminghton
SO41 6BP

Tel:01590 682519

Date of inspection visit: 8 December 2014
Date of publication: 15/04/2015

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |
| Is the service safe? | Requires Improvement |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

The inspection took place on 8 December 2014 and was unannounced

Coombe Grange is a care home that provides care and support to older people. The home had suitable facilities and equipment in place to meet their needs. The home is able to accommodate up to 40 people.

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

# Summary of findings

Staff were not always knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA) and did not consistently document how decisions about people's care were made. Records showed some staff had not received training in the use of the MCA

Staff were not always supervised effectively. Some staff had not received supervision or appraisal in the last two years.

The provider did not supply staff with sufficient information should they need to raise any concerns about possible abuse.

Staff understood the needs of people and care was provided with kindness and compassion. People, relatives and health care professionals told us they were happy with the care and described the service as excellent. One health care professional said: "The staff work well with people living here, they have good understanding of what people's needs are".

People were supported to take part in activities they had chosen. Records showed people's hobbies and interests were documented and staff accurately described people's preferred routines.

Staff were appropriately trained and skilled to deliver safe care. They all received a thorough induction before they started work and fully understood their responsibilities. Records showed staff received training in mental health, dementia and moving and handling.

The registered manager assessed and monitored the quality of care provided involving people, relatives and professionals. Each person and every relative told us they were regularly asked for feedback and were encouraged to voice their opinions about the quality of care provided. Records showed care plans had been reviewed regularly and people's support was personalised and tailored to their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We observed people's freedoms were not unlawfully restricted.

Referrals to health care professionals were made quickly when people became unwell. Each health care professional told us the staff were responsive to people's changing health needs. One health care professional said: "We work well together and they always contact us if they need advice or if they want to hold a review of someone's care".

Staff spoke with people in a friendly and respectful manner. The service was person centred and people told us they were encouraged to raise any concerns about possible abuse.

Care plans were reviewed regularly and people's support was tailored to their individual needs.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

The service was not safe. Staff were not supplied with sufficient details to raise a concern if they suspected abuse took place.

The provider had appropriate arrangements in place for the safe storage and administration of people's medicines.

The home had good recruitment arrangements in place to check staff were of good character to work in the home.

**Requires Improvement**

**Is the service effective?**

The service was not effective. Staff were not always knowledgeable about how to apply the Mental Capacity Act 2005. Records did not consistently show people's capacity to make decisions had been appropriately assessed.

Staff had not consistently received supervision and appraisal. Observational competency checks were not always conducted.

The provider had suitable arrangements in place to assess people who may require additional safeguards authorised by the local authority.

**Requires Improvement**

**Is the service caring?**

The service was caring. People, relatives and healthcare professionals told us the staff were caring.

People were treated with dignity and respect.

**Good**

**Is the service responsive?**

The service was responsive. The provider had appropriate arrangements in place to receive feedback and to act on any complaints.

Care plans accurately reflected the needs of people and were frequently reviewed. Relatives and people told us they were involved in discussions about their care.

**Good**

**Is the service well-led?**

The service was well-led. The registered manager had good systems in place to identify and to respond to areas of improvement.

The home had a friendly and supportive culture. People were satisfied with the care they received and relatives were provided with opportunities to give feedback.

Staff had opportunities to raise questions and suggest ideas on how to improve the service.

**Good**

# Coombe Grange Residential Home

**Detailed findings**

## Background to this inspection

This inspection took place on 8 December 2014.

We spoke with 15 people, eight care staff, four visiting relatives, the registered manager, the administrator and a team leader.

Before the inspection the provider completed a Provider Information Return (PIR). 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. We reviewed the information included in the PIR along with information we held about the service.

The inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the care records associated with eight people and reviewed the homes quality assurance audits and documentation. We looked at the policies held by the service together with general information available for people such as safeguarding incidents and feedback questionnaires completed by relatives and professionals. We looked at eight staff personnel records.

Requires Improvement

# Is the service safe?

## Our findings

Staff were not provided with sufficient detail to raise concerns if they felt someone was at risk of abuse. The registered manager told us there was a safeguarding policy in place that staff would follow should they suspect abuse. Some staff were knowledgeable about who to contact whilst others said they did not know but would refer to the homes safeguarding policy for guidance. The safeguarding policy did not contain information about the local authority safeguarding team or the Care Quality Commission (CQC).

People consistently told us they felt safe. One person said: "I have no worries about the staff here, there are all lovely and they help me when I walk and when I am in pain". Another person told us they felt looked after and protected from possible harm. A relative said: "I come every week and I can't see anything that worries me about people being safe here".

Staff told us arrangements were in place to review and to respond to risks appropriately on a daily basis. One care worker said: "We all talk to each other every day so we know if someone is unsteady on their feet or hasn't had much to drink. We do check people are safe in their rooms as well". The registered manager told us a handover meeting was held on a daily basis to discuss risk and people's care needs. Handover records reflected these discussions were held in relation to falls, medication and hospital visits.

The registered manager regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. The registered manager told us the amount of staff on duty was dictated by the care needs of people. Relatives and healthcare professionals consistently told us the service had employed suitably skilled staff to meet people's needs. One person said: "There is enough staff around and they always help me". People did not complain about long waits for call-bells, even when prompted; one resident told us "the carers are very very good. Very kind. They will do anything for you and come straight away."

People were protected from risks associated with employing staff who were not suited to their role, as there were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment references were reviewed as part of the pre-employment checks. Records showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.

Arrangements were in place for the safe storage and management of medicines, including controlled drugs (CD). CD are medicines which may be misused and there are specific ways in which they must be stored and recorded. People told us they were satisfied with the support they received with their medication needs and said frequent medicine reviews took place. Relatives told us their family members received pain relieving medicines when required and documentation stated reasons for the administration and dosage given. We observed staff following safe administration practices and staff were able to describe the provider's medication policy in detail. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly.

Requires Improvement

# Is the service effective?

## Our findings

Staff were unsure about their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA). Four staff said it was two years ago when they did the training and another member of staff said they had not completed MCA training. Training records showed not all staff had completed training in MCA. Care records showed some people received support to make decisions. However, assessments had not been carried out to determine if they had the capacity to make decisions. Care plans did not include information about what decisions people could make. Neither did they provide information about how to support people to make decisions. The MCA and accompanying Code of Practice highlights that steps should be taken to assist people to make decisions and the decisions people can make should be recorded. The registered manager said he needed to organise additional training as not everyone fully understood the key requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This is a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were not monitored or supervised effectively. The registered manager told us staff had only recently started to receive supervision. One member of staff said: “I have not had supervision for 18 months and I know others have waited longer but I think it is getting better now”. The registered manager said: “I have not been here long but I am slowly getting to grips with what is needed and I have started to organise supervisions for staff”. He told us staff should have a formal supervision with a senior member of staff to discuss their progress and evaluate their learning. They said: “Staff should also have competency checks to see they are doing things right and they will have appraisals”. Some members of staff had a recent formal supervision but other documents stated staff had not had supervision for two years. One member of staff told us they had not had an appraisal, supervision or a competency check in the last two years. Records viewed and discussions with the registered manager confirmed this was accurate. There were no records of staff competency checks. This is a breach of Regulation 23 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager told us they had recently applied to the local authority for several people to be assessed for DoLS. Email correspondence showed this was accurate and assessment dates were in place.

People who were at risk of dehydration or malnutrition had been identified and were encouraged and supported to eat and drink sufficient amounts. We observed some people drinking squash, tea and coffee whilst others were frequently offered various drinks. One relative said: "I always see people having drinks and good food”. One person said: “They know what I like and I enjoy the food.” Records showed staff had recorded and monitored people's food and fluid intake to ensure they did not become malnourished or dehydrated. One support worker said: “We write everything down that people eat and drink to make sure they are kept well”.

Staff accurately described people’s dietary requirements. They had good knowledge of people’s nutritional needs and were able to tell us the different types of diet people had. One member of staff said: “Those three people are on a normal diet and the other is a soft diet”. Another member of staff said: “We know and the chef knows what people’s food choices are and any allergies because it’s in their care plan and in the kitchen”. Each of the dietary care plans we looked at accurately reflected what staff told us. These plans outlined the likes, dislikes and preferences of each person and the staff were aware of each individual’s preference. We observed people received the correct consistency of food to meet their assessed needs.

Good

# Is the service caring?

## Our findings

Everyone we spoke with told us staff were kind and caring. One relative told us they were very happy at the service. They told us, “The care is excellent. Staff are lovely. I ask them to put something into place and it is done when I next come. I am always kept informed and offered information.”

One person with severe communications difficulties was able to convey to us - with a ‘thumbs up’ and smiles - that he not only felt safe, but happy at Coombe Grange. They told us they preferred to stay in their room, but liked the door being open so people could see and talk to him as they pass by. They said “I like it here very much. I like to stay in my room and watch TV.” Staff had an easy, bantering relationship with him that he clearly enjoyed.

Care staff were kind and thoughtful towards people and people responded positively to their offers of support. When one person expressed some anxiety because they were new to the environment, we saw care staff understood the cause of their anxiety. Staff spoke comfortingly to them, explained where they were, and involved the person in a conversation, which helped the person to calm down. We observed members of staff approaching the person regularly throughout our inspection to see how they were feeling.

We saw at the end of the day the person was calm and seemed relaxed. Care staff we spoke with explained to us how they treated people with dignity and respect whilst assisting people with personal care. One member of the care staff said, “When I am bathing or showering someone, I ensure the bathroom door is locked. I use a towel to cover the person to protect their dignity.” Another member of care staff told us, “Privacy and dignity is very important. I always make

sure that I speak in a low voice when I ask someone if they wish to go to the toilet so that the person’s privacy is respected.” Staff knocked on people’s bedroom doors and called out

before entering. We saw care staff understood the importance of small details, such as explaining why they were entering their room, or waiting until people asked them to enter their room. This meant people were treated with dignity and respect

Good

# Is the service responsive?

## Our findings

People told us their support was personalised and changes in care were quickly identified and implemented into their care plans. One person said: "I have had a lot of reviews because I don't keep very well and I am happy to be involved in talking about my care". Another person said: "My care is exactly the way I want it, I eat away from everyone else, they help me to wash and they spend time talking to me when I need them". A relative told us they looked at their family members care plans and found them to be an accurate reflection of what they needed, and said staff knew how to deliver personalised care.

People's care needs were reviewed regularly and information in their care plans was correct. Staff accurately described the plans in place to help people with personal care, accessing the community and with their communication. A care worker told us how one person needed emotional support when in the community and explained how the communication methods used by staff supported the person's emotional needs.

People received medical treatment in response to accidents and investigations were conducted in accordance with the providers safeguarding procedures. For example, a recent incident record showed how staff responded effectively after one person had a fall. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs. Relatives told us the staff were responsive to incidents, one relative said: "The home call me straight away if there are any problems and we talk about what to do in the future". A healthcare professional said: "The staff respond so well to incidents and concerns about people's health, We talk regularly on the phone and I have no issues".

People were supported to access medical help when required. For example, to attend a visit to the GP regarding a mouth infection, an appointment with the chiropodist and to attend hospital appointment to have an x-ray. Other records included support to access the opticians and medication reviews.

People and relatives told us they knew how to complain but felt happy with the care provided. People told us they felt comfortable to raise any concerns to a member of staff and said they had opportunities during reviews and through surveys to provide feedback. Complaints received by the home were investigated and dealt with in good time. A relative told us they complained in the past about staffing levels. They said: "Some time ago I didn't think there were enough staff so I spoke to the manager about it. It's much better now and they did listen". Another relative told us the manager's office door was always open and said: "I can go in anytime to talk to him, he's a nice man".

Good

# Is the service well-led?

## Our findings

Care staff told us they felt "more settled" since the new manager had been in post and that he was making "a lot of changes". Staff told us they were prepared to go along with it all as he "is very approachable" and "does listen to you". A care worker told us there was a great change taking place and staff felt supported and appreciated. One care worker said: "I feel 100% supported" by the manager and his deputy. All relatives we spoke with felt involved closely and frequently in their loved one's care. One relative said she had always felt involved, but that since the new manager arrived, he seemed to be "a breath of fresh air". Feedback questionnaires completed by relatives and professionals told us they were satisfied with the care provided at the home.

The registered manager had been in post for a period of three months. He told us he was aware of a number of improvements the service needed to make. He said: "I know supervisions have not taken place for a while but they have started again and most staff have had at least one in the time I have been here". He told us five team leaders had been allocated the responsibility of supervising staff with the deputy manager and himself responsible for supervising the team leaders. Team leaders confirmed they had supervision. The administrator showed us a document which provided planned dates for staff supervision and appraisal. Staff consistently told us they were pleased with their manager and said they were comfortable approaching him with any questions or concerns.

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. People told us they were motivated by staff and that the care they received was specific to their needs. We observed staff interacting with people positively displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. We saw the person responded positively and by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection.

Records showed staff had opportunities to raise questions or concerns during team meetings and daily handovers. Team meeting records documented discussions around CQC requirements, training in dementia, moving and handling and supervisions. One care worker told us the registered manager had an open door policy where staff could access support when required. They said: "His door is always open, if anyone needs anything we can go and talk to him. He listens to us and likes to hear what we have to say". One member of staff said: "I asked about reviewing the care plans, organising our recording systems around food and drink and it has happened".

The registered manager actively encouraged feedback and discussions with people and relatives. Meetings were held with people on a monthly basis and notes from residents meetings showed topics discussed included staffing, menus and arts and crafts. Relatives consistently told us they were able to access emotional support from the registered manager and the provider. One relative told us they had regular conversations with the provider that helped them to deal with the challenges and stress of having a relative in care.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment<br><br>**Staff were not knowledgeable about the requirements of the Mental Capacity Act and documentation did not show people had been supported to make decisions effectively.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff<br><br>**Staff did not receive regular supervision or appraisal and were not monitored to ensure they provided effective care.** |