Signature of Coombe (Operations) Limited

Coombe Hill Manor

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook this unannounced inspection of Coombe Hill Manor on 21 June and 6 July 2016. This was the first Care Quality Commission (CQC) inspection of the service since they were registered with us in June 2014.

Coombe Hill Manor is a care home that can provide nursing, personal care and support for up to 104 older people. The service has a specialist dementia care unit known as 'Augusta' which can accommodate and care for up to 24 people. At the time of our inspection 94 people were living at the home.

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

Staff actively encouraged and used innovative ways to keep people active and to support them to pursue a wide range of meaningful activities within the home and in the wider community. The provider had introduced 'OOMPH' and 'Namaste' programmes to help older people and people living with dementia improve their quality of life through gentle exercise, stimulating the senses and social activity sessions.

In addition, Staff ensured people were not socially isolated. Leisure and educational facilities and services that people might be able to access only if they went out of the home had been recreated inside the home for people who may not be able to access the wider community. For example, we saw there was a fully operational cinema showing a rolling programme of films chosen by people living in the home, a salon-bar, a well-stocked library and a games/internet/computer area.

Care plans had been developed for each person using the service, which reflected their specific needs and preferences for how they were cared for and supported. Staff were each provided with a handheld care monitoring device which contained an electronic version of people's care plans. This ensured that each care staff could easily access a person's care records if they were not sure about how to care for the person, such as if the person's needs have changed or they have been off for a few days or on annual leave.

People's needs were reviewed at least every 60 days and any change that may be needed to the care and support they received was included in their care plans and automatically reflected on the electronic device. This helped to ensure that staff had easy access to the most up to date information about people's needs.

Management and staff were very motivated and committed to ensuring that people had the best possible care. The staff provided people with positive care experiences and ensured their care preferences were met.

The management team demonstrated a strong commitment to providing people with a safe, caring and quality service. The management structure showed clear lines of responsibility and leadership and

managers understood their roles. The provider had developed effective governance systems and there was a strong emphasis placed on continuous improvement of the service. Where the need for improvement was identified, the provider took appropriate action to make the necessary changes. Managers used learning from near misses, incidents and inspections to make improvements that positively enhanced people's lives.

People told us they were happy living at Coombe Hill Manor. We saw staff looked after people in a way which was kind and caring. Feedback we received from people using the service, their relatives and community health care professionals supported this. Staff spoke with people in a warm and respectful way and ensured information they wanted to communicate to people was done in a way that people could understand.

People felt safe living at the home. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these risks in order to keep people safe. The service managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies. We saw the premises and garden were wheelchair accessible and had been suitably adapted with grab rails and passenger lifts to enable people to move freely around the home. The provider ensured regular maintenance and service checks were carried out at the home to ensure the building was safe.

Staff had built caring and friendly relationships with people. We observed people and staff engaging in friendly conversations. There were sufficient staff to meet people's needs, and staffing levels were flexible to provide people with the support they required. People told us there were always staff around and if they needed any assistance a staff member came to support them promptly. We observed staff spending time with people in communal areas.

Staff were clear about their roles and responsibilities. People received care from staff who received effective training and good support from the management team. This provided them with the knowledge, skills and confidence to meet people's needs in a person centred way. There was a very proactive approach to the personal development of staff and the acquiring of new skills and qualifications.

People were encouraged to maintain relationships with people who were important to them. There were no restrictions on visiting times and we saw guests were welcomed by staff People were also supported to be as independent as they wanted and could be.

People were supported to make choices and to have as much control as possible over their life's. Consent to care was sought by staff prior to any support being provided. People were involved in making decisions about the level of care and support they needed and how they wanted this to be provided.

Staff were aware of who had the capacity to make decisions and supported people in line with the Mental Capacity Act 2005. Where appropriate, staff liaised with people's relatives and involved them in discussions about people's care needs. Managers understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

People were supported to keep healthy and well. Staff ensured people were able to access community health and social care services quickly when they needed them. Managers and staff worked closely with other health and social care professionals to ensure that people were supported to receive the health care

that they needed. People received their medicines as prescribed and staff knew how to manage medicines safely.

There was strong emphasis on the importance of good nutrition and hydration and a commitment to providing people with what they wanted to eat and drink. There was an excellent choice of meals, snacks and drinks.

The service had an open and transparent culture. They proactively sought the views of people, relatives, visitors, staff and other healthcare professionals about how the care and support people received could be improved. People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. Although there were very few complaints and concerns raised the provider had a positive approach to using them to improve 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 was safe. People were safe living at the home. There were robust safeguarding and staff whistleblowing procedures in place and staff understood these and what abuse was and how to report it. Staffing levels ensured people received a safe service that met their needs. Staff were appropriately checked to ensure that they were suitable to provide care and support to people who used the service.

The provider had robust strategies to minimise risk and enable staff to support people as safely as possible The environment was safe and maintenance took place when needed.

Systems were in place to ensure that people received their medicines safely and when they needed them.

Is the service effective?

Good

The service was effective. People received support from a skilled, experienced and committed staff team. The team was able to meet people's assessed needs, preferences and choices. Staff received well-co-ordinated and comprehensive training which was monitored to ensure their knowledge was kept up to date.

Managers knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS. Staff supported people, where possible, to make choices and decisions on a daily basis. When complex decisions had to be made staff involved health and social care professionals to make decisions in people's best interests.

People received the support they needed to remain healthy and well. When people needed care and support from community health and/or social care professionals, staff ensured people received this promptly. There was strong emphasis on the importance of good nutrition and hydration and a commitment to providing people with what they wanted to eat and drink.

Adaptations, decoration and signage used in the home had taken into account people's needs and promoted freedom of movement and comfort.

Is the service caring?

Good

The service was caring. People and their relatives spoke consistently about the caring and compassionate attitude of staff who worked at the home. We saw staff were caring and supportive and respectful of people's privacy and dignity.

Staff were knowledgeable about the people they supported, which included their personal preferences and routines.

People were fully involved in making decisions about the care and support they received. People were supported to be independent by staff and do as much for themselves as they could or wanted to do.

Is the service responsive?

Outstanding ☆

The service was responsive. People were involved in discussions and decisions about the care and support they would receive. Care plans reflected people's needs, choices and preferences which ensured staff understood how to respond to these.

People were encouraged to maintain relationships with the people that were important to them. Staff actively encouraged and use innovative ways to keep people active and to support them to pursue a wide range of meaningful activities both within the home and in the wider community.

The provider had a positive approach to using compliments, complaints, concerns and feedback to improve the quality of the service.

Is the service well-led?

Good

The service was well-led. The management team demonstrated a strong commitment to providing people with a safe, high quality and caring service.

The service was robustly monitored by the management team and the provider to ensure that people received a safe and effective service that reflected their needs and wishes.

People's views were sought and valued. They were involved in developing the service. Staff also felt valued and listened to and were involved in improving the service. Managers and staff were proud of working at Coombe Hill Manor.

Coombe Hill Manor

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.

This unannounced inspection took place on 21 June and 6 July 2016. The inspection team consisted of two inspectors, a CQC pharmacy inspector and an expert by experience. Our expert by experience was a person who had personal experience of caring for someone who is living with dementia and uses this type of care service.

Prior to the inspection we reviewed the information we held about the service, including the statutory notifications received. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service. We also reviewed the information included in the 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.

During our inspection we spoke with 24 people who lived at the home and four people's visiting family members. We also met various members of the management team including, the registered manager, the deputy manager, a regional manager, the dementia unit manager, the head of catering and the head of maintenance. In addition, we spoke with six nurses, 12 health care assistants, two activities coordinators, three members of the catering staff team and a receptionist. Records we look at included ten people's care plans, ten medicines administration records (MAR), seven staff files and a range of documents that related to the overall management and governance of the service.

We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtimes. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we received feedback about the home from two community based health care professionals who had recently visited the service.

Good

Is the service safe?

Our findings

People consistently told us they felt safe living at Coombe Hill Manor. One person said, "I loved living in my own home, but to be honest I do feel a lot safer here", while a person's relative told us, "The staff are marvellous and do a good job keeping my [family member] safe."

The provider had safeguarding adults at risk and whistle blowing policies and procedures in place for all staff to follow which outlined how and when to report any concerns they might have. These policies and procedures were accessible to all staff in their induction handbooks, which they were given when they first started working at the home. According to the provider, it was mandatory for all staff to receive ongoing safeguarding adults at risk training, which formed part of their initial induction. Staff also received training on equality and diversity to help them understand how to protect people from the risks associated with discriminatory practices and behaviours. Staff we spoke with were knowledgeable about how to recognise the signs that a person may have been subjected to abuse or neglect and were aware of their responsibilities to report any safeguarding concerns they might have to their line manager. A staff member told us, "If I saw anyone abusing the people who lived here I wouldn't hesitate to tell one of the senior staff what I had seen."

The provider identified and managed risks appropriately. Where there was risk of harm to people, there were plans in place to ensure these were prevented or appropriately managed. People's care plans clearly identified risks to people's safety and management plans were in place for staff to follow to mitigate those risks. For example, people assessed as being at high risk from falls were always supported by two staff to stand and preventative measures were taken to support people at risk of developing pressure ulcers. Staff demonstrated a good understanding of the specific risks each person faced and how they could protect people from the risk of injury and harm. Staff told us if they had any concerns regarding a person's health or safety they would either discuss this with the nurse on duty or if they had urgent concerns they would use the call bell. Where new risks had been identified people's records were updated so that staff had access to up to date information about how to ensure people were appropriately protected from harm.

The provider dealt with accidents and incidents appropriately. We saw care plans were immediately updated in response to any accidents and incidents involving people using the service. This ensured care plans and associated risk assessments remained current and relevant to people's needs. Records were completed of all incidents that occurred and the action taken to support the person at the time, as well as additional action taken to prevent further incidents. The managers reviewed all incidents that occurred to identify any trends or patterns, including the time and location that they occurred, to as far as possible prevent these from reoccurring.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with such emergencies quickly. For example, a personal emergency evacuation plan (PEEP) had been developed for each person who used the service, which provided guidance for staff if people needed to be evacuated from the premises in the event of an emergency. Staff demonstrated a good understanding of their fire safety role and responsibility and told us they received ongoing fire safety training.

The environment was well maintained which contributed to people's safety. Maintenance records showed service and maintenance checks were regularly carried out at the home by suitably qualified professionals in relation to the home's fire extinguishers, fire alarms, emergency lighting, portable electrical equipment, water hygiene, and gas and heating systems. We observed the environment was kept free of obstacles and hazards which enabled people to move safely and freely around the home and garden. We saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use.

The building was also kept clean and tidy. The toilets and bathrooms were well maintained, and equipped with liquid soap and hand towels to promote the practice of hygienic hand washing. We looked at the cleaning rotas, which had designated daily, weekly and monthly duties. Managers and senior staff carried out spot checks and audits to check that the rota was adhered to and ensure that the standard of cleanliness remained high. Appropriate systems were in place to minimise any risks to people's health during food preparation, for example the use of colour coded chopping boards and the daily checking of fridge and freezer temperatures. This showed that there were measures in place to protect people from the risk of infection due to an unhygienic environment.

The provider ensured appropriate recruitment checks were carried out on staff before they started working at the home. Staff records showed the provider undertook employment checks in respect of its entire staff, which included proof of their identity, the right to work in the UK, relevant qualifications and experience, character and work references from former employers, a full employment history and criminal records checks. Staff were also expected to complete a health questionnaire which the provider used to assess their fitness to work.

There were enough staff deployed in the home to meet people's needs and keep them safe. People said there were enough staff available when they needed them. One person told us, "There's always plenty of staff around", while another person said, "There's always someone here to look after us." A community professional also told us the dementia area had been well staffed when they had visited their client there. We saw the staff rota for the service was planned in advance and took account of the level of care and support people required in the home. The registered manager told us the management team met once a week to review staffing levels, which included looking at call bell alarm usage and people's changing needs. Staff duty rosters indicated the service had recently increased staffing levels in response to the changing needs of three people who lived at the home, which staff confirmed. Throughout our inspection we saw staff were highly visible in communal areas, which meant people could get staff's attention whenever they needed them.

Medicines management in the home was safe. People told us they received their prescribed medicines in a timely and correct way. We found all prescribed medicines at the service were stored securely in locked medicines cupboards located within each person's room. Medicines records showed people had individualised medicines administration (MAR) sheets that included their photograph, a list of their known allergies and information about how the individual preferred to take their medicines. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's MAR sheets. Staff received training in the safe management of medicines and their competency to handle medicines safely was continually reassessed.

Good

Is the service effective?

Our findings

People told us staff had the right knowledge, skills and experience to understand and meet their needs. One person said, "Staff are good at what they do", while one person's relative told us, "I think all the staff who work here know what they're doing and are really good at their job." Staff received a thorough induction that included shadowing experienced members of staff. Systems were in place to ensure staff stayed up to date with training considered mandatory by the provider. Records indicated staff had completed training in dementia awareness, moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, fire safety, food hygiene, equality and diversity, first aid, and prevention and control of infection.

Staff told us they felt they received all the training they needed to meet the needs of the people they supported. One member of staff said, "I've had specific training in understanding dementia, which I thought was very informative." Managers monitored staff training and arranged refresher training as and when required so staff's knowledge and skills remained up to date. Where people had specific needs, staff received specialist training to enable them to properly meet those needs. For example, staff who supported people who used catheters had been suitably trained to perform this aspect of their role. The chef confirmed they had received dysphagia training (dysphagia is the medical term for swallowing difficulties) which helped them understand what meals were safe for people assessed as being at risk of choking when they ate.

Staff had sufficient opportunities to review and develop their working practices. Records indicated staff were expected to regularly attend individual supervision meetings with their line manager and group meetings with their co-workers. Several members of staff told us they felt they got all the support they needed from the management team. Managers told us that in addition to the meetings described above senior staff regularly carried out direct observations of staff performing their care duties at the home.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw appropriate arrangements were in place to ensure people consented to their care and support before this was provided. Care plans showed people's capacity to make decisions about specific aspects of their care was assessed. This gave staff the information they needed to understand people's ability to consent to the care and support they received. We saw staff always offered people a choice and respected the decisions they made. For example, during lunch we observed staff ask people to choose what they wanted to eat from the daily menu. Staff we

spoke with demonstrated a good understanding and awareness of people's capacity to consent and to make decisions about their care and support.

Managers had identified that some people required their liberty to be deprived in order to keep them safe and free from harm. The registered manager had applied to the local authority for authorisation to deprive people of their liberty and maintained records about the restrictions in place and when DoLS were due to be reviewed.

Staff ensured people ate and drank sufficient amounts to meet their needs. People told us the food they were offered at the home was "good" and that they were always given a choice at mealtimes. Typical comments we received included, "The food is excellent, not too heavy, well-presented and there was always a choice", "You can always ask for something else if you don't like what's on the menu" and "Best thing about living here is the food…Delicious most days". We observed staff support people to make their own drinks or offer others who were unable to do this a range of hot and cold drinks throughout our inspection. Staff liaised with Speech and Language Therapists (SALT) if they had concerns about a person's nutritional intake. People at risk of weight loss were weighed regularly and food and fluid charts put in place.

We saw care plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet. These individualised eating and drinking plans had been developed by staff based on advice they had received from dysphagia nurses. This enabled staff to ensure people received appropriate nutrition and plenty of drinks to ensure they stayed hydrated. Staff demonstrated a good awareness of people's special dietary requirements and the support they needed. Several staff gave us good examples of how they offered people different foods to find out what they did like to eat if someone living with dementia was losing weight.

People were supported to maintain their health. Relatives told us they were kept updated about any changes to their family members' health and wellbeing. A relative said, "A GP visited the home every week." Staff liaised with people's GP and other healthcare professionals as required to ensure people's health needs were maintained. Several relatives told us staff were quick to get medical assistance for their family members when they required it. We saw people's care plans contained important information about the support they needed to access healthcare services such as the GP or dentist. People's health care and medical appointments were noted in their records and the outcomes from these were documented. Staff recorded and monitored daily, information about people's general health and wellbeing. Staff we spoke with were knowledgeable in recognising signs and symptoms that a person's health was deteriorating. They liaised with the nursing staff if they had concerns about a person's health so that additional medical support could be obtained.

People told us Coombe Hill Manor was a comfortable place to live. One person said, "I like sitting in the garden because it's so relaxing there. I particularly like the pond", while another person told us, "It's a very well maintained house…Very comfortable". We saw people's bedrooms were personalised and included all manner of possessions people had brought with them including, family photographs, paintings, ornaments and various pieces of furniture such as chairs and display cabinets. Passenger lifts, handrails and ramps located throughout the home meant the entire building and garden was accessible to all, including wheelchair users. We saw easy to read pictorial signage was used to help people identify important rooms or areas in the home, such as bedrooms, toilets, lounges and dining rooms. We saw memory boxes were fitted near the bedroom doors of people living with dementia. These boxes contained various objects of reference that were important to people who occupied these bedrooms, which helped individuals orientate themselves. For example, we saw one box contained the national flag of the person's country of birth and photographs of family members.

Good

Is the service caring?

Our findings

People spoke positively about the home and typically described the staff as "lovely". One person told us the staff were "second to none", while another person said, "The staff are all excellent". Two other people told us they would score the home, "ten out of ten." Other comments we received included, "This is my dream home", "I could not remain in my own home any longer, but this [Coombe Hill Manor] is the next best place to be" and "everybody who works here has always got a smile on their face and are so kind". Comments we received from community health care professionals was equally complimentary. One community professional said, "I was impressed with the home and the staff appeared to genuinely care for my clients."

Staff treated people with respect. People looked at ease and comfortable in the presence of staff and we saw they supported people in a caring way. For example, we heard conversations between staff and people living at the home were characterised by respect, warmth and compassion. It was clear from our discussions with staff that they knew the people they supported well. For example, staff were able to give us good examples of important events in people's lives, what food and social activities they enjoyed and what might upset them. Care plans contained information about people's life history and the things that were important to them to help staff get to know them and develop positive relationships.

People's care records included information for staff about how people's diagnosis of dementia limited their ability to be involved in decisions and how staff could support people to be involved. This included ensuring staff used appropriate communication which people understood. For example, using short sentences and maintaining eye contact. Throughout our inspection we observed staff communicating appropriately with people and in a manner they understood. Several staff showed us how they used different methods to obtain the views of people who could not communicate verbally. For example, people had been consulted about activities they might like to participate in. We observed staff showing people picture cards that enabled individuals to make meaningful choices about social activities they may wish to pursue. We also observed that because staff knew people well and understood subtle changes in their non-verbal communication, they were able to anticipate people's needs. For example, staff described to us how they knew from people's facial expressions or hand movements that they were possibly thirsty and needed to be offered a drink.

Staff ensured people's right to privacy and dignity were upheld. People told us staff were respectful and always mindful of their privacy. People told us staff announced themselves and asked for permission before entering their rooms. We observed staff on several occasions refer to a person by their nickname, which their care plan clearly stated was the name they preferred to be known by. A member of staff told us, "I make sure people are covered properly and not exposed when I provide their personal care. For example, when people have a bed wash."

Staff respected confidentiality. During handovers and meetings staff spoke about people respectfully and maintained people's confidentiality by not speaking about them in front of others. People's records were kept securely to maintain confidentiality.

People were supported to maintain relationships with their families and friends. Relatives told us they were free to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. A relative said, "I'm a regular visitor to the home and can say without any hesitation that the staff always welcoming and friendly." People's relatives and visitors were able to help themselves to refreshments in main communal areas which were shared with people living the home and staff. There were also facilities for families to stay with their family member. We saw children and pets were welcomed. People's individual preferences and differences were respected. Care plans identified all the people involved in a person's life and who mattered to them. Information about people's history was also included with a clear indication that relatives had been involved where this was appropriate.

We observed staff offering people choices and respecting people's decisions. Several people told us they could choose what time they got up and went to bed, what they wore, what they ate and drank, and what activities they participated in. One person said they had decided to have a late lunch that day, which we saw the catering staff had arranged for them. We observed staff working on the dementia unit help people make an informed choice about what meals they ate for their lunch by showing people what all three of the mains on the day's lunchtime menu looked like on the plate. People's care records also instructed staff to discuss with people what support they were providing and how they wanted to be supported. For example, we saw staff explain what moving and handling equipment they were about to use to help people transfer from one place to another and exactly how this would be done. We saw information at the service was available in easy to read formats, using plain language and pictures. For example, we found clear and accessible information about the home's minibus time table for taking people who wished to vote in the referendum to their local polling station.

People were able to access independent advocacy when they needed support to make decisions. Information about advocacy services was given to people and their relatives.

Staff encouraged and supported people to be as independent as they wanted to be. People told us they could move freely around the home and one person said they often travelled independently in the local community without any staff support. It was evident from records we looked at and comments received from managers that people who were willing and capable of managing their prescribed medicines safely were encouraged and supported by staff to do so.

Staff supported people to practice their faith and in line with their cultural preferences. Staff accompanied people to church and celebrations were held at the service to acknowledge religious festivals. Staff received equality and diversity training. This meant staff knew how to respond to people's diverse cultural, gender and spiritual needs.

When people were nearing the end of their life they received compassionate and supportive care. Staff asked people for their preferences in regards to their end of life care and documented their wishes in their care plan. This included conversations with people, and their relatives, about their decision as to whether to be resuscitated and whether they wanted to be hospitalised for additional treatment and in what circumstances. Staff liaised with people's GP and the palliative care team if people's health deteriorated and had arranged for palliative care medicines to be stored at the service in preparation for when people required palliative care. Staff told us they had received end of life care training. This was confirmed by discussions we had with the registered manager.

Outstanding ☆

Is the service responsive?

Our findings

People and their relatives told us they were involved in the planning and reviewing of their care. One person told us, "They [staff] always ask me how they should look after me." Relatives told us they were asked to contribute to the care planning for their family member and felt their views were listened to during review meetings, which were held bi-annually at the home. family and social relationships.

Staff were knowledgeable about people's needs and the level of support they required. Staff told us if they were unsure about the care and support people required, or if they noticed a change in a person's health, they would always speak with the nurse on duty. This then prompted a review of people's needs and care plans to ensure they continue to receive personalised care that met their needs. Staff told us they had sufficient time to provide people with the care they required, whilst encouraging them to undertake tasks independently and at a pace they dictated. Staff were able to describe people's daily routines and their preferences as to how they were supported and cared for. Two members of staff gave us a good example of how an external dementia care professional was employed by the provider to find out more about people's unique life histories in order to personalise their activity programme. This ensured the activities people choose to participate in reflected their social interests and life experiences. One member of staff confirmed the home planned to have a ballet themed evening following feedback received about people's life histories from the dementia care specialist.

Care plans were detailed and provided clear information for staff about people's social, physical and health care needs, strengths, preferences, daily routines, food preferences, social interests, and important. Staff were each provided with a handheld care monitoring device which contained an electronic version of people's care plans. This ensured that each care staff could easily access a person's care records if they were not sure about how to care for the person, such as if the person's needs have changed or they have been off for a few days or on annual leave. People's needs were reviewed at least every 60 days and any change that may be needed to the care and support they received was included in their care plans and automatically reflected on the electronic device. This helped to ensure that staff had easy access to the most up to date information about people's needs.

We found that the provider worked in partnership with the GP who visited people in the home to help ensure that people were protected against the risks associated with the excessive or inappropriate use of medicines. For example, we saw that sedatives were prescribed for people living with dementia only when absolutely necessary, to help manage any behaviour that challenged the service. This was because staff knew people well and knew how to support them when they behaved in a way that challenged the service. Where medicines were prescribed to manage people's behaviours, there were appropriate, up to date protocols in place for staff to follow which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit.

People were supported to pursue activities and interests that were important to them. People told us they had enough opportunities to engage in meaningful activities. Typical feedback we received from people, included, "I like taking part in the tai chi and gardening groups", "I love going out on day the trips the home

is always organising. Never a dull moment at Coombe Hill" and "I like to join in the quizzes and I'm an active member of the Scrabble and Bridge clubs". During our inspection activities coordinators were running an 'OOMPH' session. OOMPH is a programme that was specifically designed to help older people maintain their health and quality of life through exercise and fulfilling social activity classes. We observed this session on the day and people were smiling and joining in the activity.

During the afternoon we observed people enjoying a baking session in the kitchen which had been specifically designed for people living in the home. We saw there was a detailed calendar of activities available to advise people of what had been planned in June 2016. Regular planned activities included Tai Chi, gentle exercise, yoga, crosswords, gardening, the scrabble and bridge clubs, movie night in the home's cinema, baking, knitting, trivial pursuit, dancing, cocktail hour in the bar, church services, guest singers and pianists, and days trips to a car museum and local garden centre.

Staff told us about the 'Namaste' programme the provider had introduced. The Namaste programme is designed to improve the quality of life for people living with dementia. It enables staff to spend time with people stimulating all their senses. Staff and relatives told us the Namaste programme enabled everyone to be involved in the activity and get some enjoyment as it did not rely on people verbally communicating or being physically active. One person's relative told us the programme had much a real difference to their [family member] quality of life because they were so much more engaged when they participated in activities that were specifically designed for people living with dementia. They said, "My [family member] seems to really enjoy the sensory sessions they have on Augusta."

The provider received positive feedback about their activities programme following an audit carried out in May 2016 by the National Activity Providers Association (NAPA). NAPA is an independent body set up to promote meaningful and appropriate activities for older people. They rated the service outstanding in relation to the number and training of staff that coordinated activities in the home, availability of resources, activities being tailored to the individual needs and wishes of people and accessing meaningful community based activities. For example, NAPA were impressed with the range of opportunities people had to engage in meaningful activities in the wider community which included regular trips to a local garden centre and museums in London.

Leisure and educational facilities and services that people might be able to access only if they went out of the home had been recreated inside the home for people who may not be able to access the wider community. For example, we saw there was a fully operational cinema showing a rolling programme of films chosen by people living in the home, a salon-bar, a well-stocked library and a games/internet/computer area.

Staff ensured that they engaged and interacted with all people who use the service including those who preferred to stay in their rooms to ensure they were not socially isolated. We spoke to some relatives who said their family member preferred to spend most of their time in their bedrooms, but that staff regularly checked on them and engaged them in conversations. They said staff always informed them about the activities taking place and provided them with one to one activities, if they did not wish to take part in the group activities.

The service received 35 cards from people complimenting the home in the past 12 months. Most of the comments referred to the kind, caring and professionalism of staff. One person relative had written, "Staff helped my [family member] regain some resemblance of normality and gave them their dignity back."

The provider responded to complaints appropriately. People and their relatives told us they felt able to raise

a complaint if they had any concerns about the service provided at the home. The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The complaints procedure was openly displayed in the home and explained what people should do if they wished to make a complaint or were unhappy about the service. Staff were aware of the complaints procedure. They told us they would support people if they wanted to make a complaint and ensure this was reported to the registered manager so it could be dealt with.

The provider had a positive approach to using complaints and concerns to improve the quality of the service. Complaints were dealt with by the relevant senior manager. The complaints records showed that any concerns had been taken seriously, investigated, action taken and lessons learnt. We saw that outcomes from complaints were linked to change of practice when necessary. For example, improvements made to the range of feature films people could choose to see screened in the homes cinema. Complaints were monitored and discussed at corporate governance meetings to ensure that they had been appropriately dealt with and that the necessary action had been taken to improve people's experience.

Good

Is the service well-led?

Our findings

People were positive about the management of the service. It was clear from comments we received from people using the service and their relatives that they had confidence in the registered manager's leadership approach and integrity. Remarks included, "I think the manager is wonderful. She [registered manager] knows how to run a care home and is clearly very good at what she does", "The manager's door is always open and she will also find time to speak with you" and "I can't tell you how much we appreciate all the support the manager has given my [family member] and me over the years".

Feedback we received from community professionals was equally complimentary about the management of the service. Throughout our inspection, we observed senior staff actively engage with people using the service, their visitors and staff who approached them. For example, it was clear from the warm and friendly conversations staff had with people that they knew people well.

There was a clear management structure with senior staff allocated lead roles. Throughout the organisation staff understood their responsibilities and accountability for decision making about the management, operation and direction of the home. Managers demonstrated good leadership and a strong commitment to providing an excellent service, which operated with clearly recognisable person-centred values. They spoke about their vision for Coombe Hill Manor including the importance of individualised care and supporting staff to ensure the care and support they provided reflected their values. There was an enthusiasm to provide the highest possible standard of care and support, and continuously develop and improve the home. For example, several staff told us about an external dementia care professional who was in the process of assessing the environment to help the provider make the home a more stimulating and interesting place for people living with dementia to stay. Managers confirmed funds had been allocated to convert a dedicated space in the dementia unit into an age appropriate sensory room through the use of dementia friendly textiles, colour and lighting.

Managers promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service. People and their relatives told us they were actively encouraged and supported to share their views about Coombe Hill Manor. The provider used a range of methods to gather people's views and/or suggestions which included regular residents, food and activities forums that people who lived at the home could attend and bi-annual satisfaction surveys. Several people informed us they regularly attended these monthly forums. One person said, "At one meeting I attended recently I suggested we had more day trips out in the home's minibuses, which to the home's credit seems to be happening more these days." Another person remarked, "I told the staff at the food forum I didn't want so many heavy meals in the evening, which they took on board."

Managers valued and listened to staff working in the home. Staff spoke favourably about the management team and said they were always approachable and helpful. They told us that very high standards of practice and conduct were expected from them. Staff also described Coombe Hill Manor as being a great place to work because they were being supported to achieve good outcomes for people. One member of staff said, "We're a good team here and I think the managers, the carers, caterers, activity coordinators and

maintenance people all work really well together." Several staff told us the registered manager had introduced a staff forum group where staff could share their views about the home with management.

The provider had established good governance systems to routinely assess monitor and improve the quality and safety of the service people received at the home. Records indicated managers and senior staff conducted a range of daily, weekly, quarterly and annual checks at the home. This included spot checks to look at the cleanliness of the building and audits of care plans, risk assessments, activities schedules, health and safety records and medicine administration records. Accident and incident forms were carefully checked and analysed in order to determine if there were any identifiable trends. Systems were also in place to monitor that staff consistently worked in accordance with the aims of the provider and were suitably trained and supported. The regional manager conducted their own monitoring visits of the home to check on the quality of care and support provided to people. A manager told us two members of staff were responsible for carrying out weekly audits of controlled drugs held in the home.

We saw where any issues had been identified or feedback received from people as part of any of the audits described above, an action plan was always developed by managers that stated clearly what the service needed to do to improve. For example, we saw various time specific action plans had been put in place recently in response to information managers had received about food, activities and pressure sore management. Progress made against these actions was regularly discussed and reviewed by the management team.

We saw evidence of several recent audits carried out by the external supplying pharmacy, which included the safe storage of medicines, room and fridge temperatures and stock quantities on a daily basis. Managers gave us a good example of action they had taken in response to a recommendation made in an audit undertaken by the supplying pharmacy in January 2016. We saw an action plan was put in place by the provider within two weeks of this audit. It was clear from records we looked at and comments we received from staff that the provider now monitored maximum and minimum fridge temperatures on a daily basis. This showed that the provider had listened to and acted on recommendations to improve the safety and effectiveness of medicines management in the home.

Senior managers told us they worked in close partnership with the supplying community pharmacy and GP, and felt they received good support with regards to medicines reviews. This was evidenced by checking the record of several medicines reviews that had been carried out within the last six months. Managers also demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations for ensuring compliance with CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.