

## Aitch Care Homes (London) Limited

# Combe House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

About the service:

Combe House is a residential care home that provides support and personal care for up to seven adults with learning disabilities. The people who live at Combe House have significant support needs because of their disabilities, communication impairments, mental health and autism.

People's experience of using this service:

Most people living at Combe House were not able to tell us verbally about the care they received. Most people had complex needs and some needed one to one support. We observed that people were cared for in a kind way by the staff and they were kept occupied during the day. Some people had the opportunity to go out to the park and for lunch together.

However, relatives expressed concern about the management of people's care, their lack of involvement and communication with the home. Some concerns were about the limited range of individual activities and stimulation for people. At the inspection we found evidence that the service needed to improve in several areas.

There had been some incidents where there had not been sufficient guidance in place to manage risk due to people's anxiety and behaviour. We saw this had begun to be addressed by the time of inspection, but these strategies and support had yet to be fully embedded with staff.

The staff team was small, and some worked long hours consistently during the week. It was not clear how staffing levels and deployment was assessed, based on people's needs and individual requirements. There were gaps in staff training which needed to be urgently addressed. We also had concerns about the safety of staffing levels at night and the ability of the service to deal with an emergency.

People's living environment was not as clean as it should have been, and some parts of the home needed to be better maintained and improved.

Some people were unable to give their consent or make decisions about their care and supervision. At the inspection, the service was not acting within the requirements of the Mental Capacity Act 2005 by demonstrating how and why decisions were made in a person's best interests.

We considered whether the service was meeting the standards that underpin Registering the Right Support, national best practice guidance for people living with a learning disability. These values include choice, promotion of independence and inclusion for people. There were incidences where the language and treatment used was not always respectful of people as adults which is not in line with the values and standards for people with learning disabilities.

There was a lack of management presence and oversight which we judged had an impact on the overall

quality of care. We were unable to find up to date information, such as on complaints and staff training and organisation could be improved. Although some service audits had been undertaken, these were not robust or comprehensive. Concerns we found not been identified. Relatives views were not recorded or acted on. A safeguarding investigation was underway, and the provider had not notified the CQC in line with legal requirements. This was sent in once the inspection had happened.

The registered manager and provider sent us further information after the inspection in response to our feedback. Since the inspection, the provider has agreed to increase management cover and complete more robust checks at the home.

We identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and one breach of the Care Quality Commission (Registration) Regulations 2009. We also made one recommendation about staffing.

Details of action we have asked the provider to take can be found at the end of this report. The provider started to take action immediately following the inspection. They have communicated their intention to improve and to meet with families to address their specific concerns.

Rating at last inspection:

The last inspection report was published in November 2016 and the service was rated as Good.

Why we inspected:

This was an unannounced comprehensive inspection. The inspection was scheduled but we brought it forward due to receiving information of concern. The concerns were about poor management of the service and that some peoples' needs may not be met due to lack of trained and experienced staff. We received negative feedback from several relatives and we followed up on these concerns at the inspection.

Enforcement:

Action we have told the provider to take is detailed towards the end of this report. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

We have asked the provider to send us an action plan telling us what they will do to make the improvements needed. We will re-inspect this service in six months to check that the improvements we asked for have been made and that people are receiving safe and supportive care at the standard we expect.

## 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 always safe. Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring. Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive. Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led. Details are in our Well-Led findings below.

**Inadequate** ●

# Combe 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.

The inspection was brought forward after reviewing notifications of complaints from the public about the standard of care at Combe House. These concerned the risk of unsafe medicines practice, lack of staff knowledge and poor management of the home and overall care. We also looked at the way people were treated and whether they had appropriate activities during the day.

#### Inspection team:

The inspection was carried out by two inspectors.

#### Service and service type:

Combe House is a care home that provides accommodation and personal care for up to seven people living with a learning disability and/or autism. The accommodation met the requirements of Registering the Right Support, a national standard for homes for people with learning difficulties.

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:

The inspection took place on 14 March 2019 and was unannounced.

#### What we did:

Before the inspection we reviewed the information that we held about the service and the registered provider. This included any notifications from the service and enquiries from the public. Statutory notifications are information that the service is legally required to tell us about such as accidents, injuries and safeguarding investigations.

We liaised with the local authority, who commissioned the service and had responsibility to safeguard people under the Care Act 2014. The feedback from relatives was used in planning for the inspection and helped identify some key lines of enquiry.

During the inspection we completed a check of premises and spent time observing how staff cared for and supported people. Two people could tell us their views. We had received feedback from six relatives. We spoke with two care staff, the deputy manager and registered manager. We reviewed two people's care records looking at risk assessments, and evidence of personalised care. We examined the medicines administration practice and records. We looked at two staff recruitment files and other records relating to how the service is run. We requested additional evidence that we could not locate on the day to be sent to us.

After the inspection we received further feedback from two health and social care professionals and a relative.

# 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 (September 2016) the service was rated as Good in this domain. At this inspection, we found that the service had not sustained this rating and there was a need for improvement to ensure people were always kept safe.

Some aspects of the service were not always safe and there was limited assurance about safety.

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

- People may be at risk because there were insufficient staff trained, in particular night staff, to give appropriate medicines. For example, people at risk of having an epileptic seizure needed staff who were trained to administer a recovery medicine. At night, no staff were trained to administer medicines and we were told they would have to phone a duty manager to come, even though the medicine is required to be administered within five minutes of any seizure occurring.
- There was a risk to the delivery of safe care as there were only three care staff in the team who were trained in medicines administration. In one week in March there was one day where no-one trained in medicines administration was working. The registered manager said they would need to look at this.
- People's safety at night was not adequately assessed. Four out of the seven people required one to one support to evacuate the building in case of fire and one person also needed a member of staff to stay with them once outside to keep them safe. Fire tests had shown how much reassurance and support people needed to leave the building. Despite this, there was only one staff member at the home during the night and to support people in case of any emergency that could occur.
- The fire service had made a recommendation in December 2017 that the staffing level at night, "...Should be reviewed at the earliest opportunity." Although the provider had commissioned their own fire assessment in March 2018 this had not addressed this night time risk. It had recommended that staff working at night needed to be trained as fire marshals, but this had not been implemented at the time of inspection.
- Learning from incidents was not clear. One person's needs had changed and there had been escalating risks due to their anxiety and behaviour. Incident forms had been completed and logged but there was duplicate reporting of some incidents and some reports gave conflicting information about what had happened. There was no record of any analysis to ensure appropriate action was taken by staff to prevent re-occurrence. Not all incidents were shared with family or the local social services. There was a delay in getting the guidance and support for staff in place to manage the situation. This person's care plan, risk assessment and medicines protocol had not been updated.

The failure to do all that is reasonably practical to address these risks to people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider updated us on the action they had taken in response to our concerns. The provider sent us information to say that an additional five staff members had attended medicines training. They also agreed to have a new statutory fire assessment at the home.

- The staff had recently received some specialist advice on positive behaviour support following the high number of incidents reported. This was made available at the inspection and the registered manager told us how they were working to address this person's needs in a safe and more effective way.
- People's care plans did identify a number of risks they might experience at home and in the community. Staff were required to sign to say they had read the risk assessments. One person needed two staff when travelling in the car, one to drive and another to sit beside them for reassurance. We saw that this was put into practice by staff. There was positive risk taking with a person who needed close supervision in the kitchen but was enabled to make a hot drink with staff.
- People's living environment and cleanliness needed to be better maintained and improved. At the inspection, two people's bathrooms and one communal toilet were not clean. A cleaning schedule in the communal toilet had not been completed or checked since the previous week. The bins were full of paper towels in toilets. People's towels were thrown over doors as there were no rails or door hooks in place. One relative said, "I continually ask for the bathroom to be cleaned, especially the toilet bowl. I have asked that the room be cleaned and tidied." Staff undertook the general cleaning and one day a week each person was supported to clean their own room. However, on the day of inspection staff time was solely needed to support and supervise people.
- In the kitchen there was a bin with a broken lid with rubbish exposed. Some of the cupboards needed repair and some sections were missing. The back door key pad had been damaged since December 2018 and had not yet been fixed. There was a sign on the door instructing staff on how to lock and check the door at night time to make sure it was secure. There were old plastic bags tied to one back door handle and in the garden an old paddling pool was filled with stagnant water.

The failure to clean and maintain the premises properly was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that the kitchen was due for replacement but there was no planned date for this work. The subject of cleaning had been discussed at a recent staff meeting where staff were reminded it was everyone's responsibility, including night staff.

#### Staffing and recruitment

- People were cared for by the minimum staffing ratio in the daytime. At least four support staff, not including a manager, were needed throughout the day to safely meet people's one to one support needs. We were told that five staff were often available during the morning shift. However, the staff rotas for March did not evidence this and showed that the deputy manager was also required to work as a support worker in the team to ensure people received the one to one support they required. One staff member said, "I don't think there is always enough staff here. When we do the laundry or cooking it takes us away from looking after them."
- The staff team was small, and the rotas showed that staff worked double shifts, equivalent to 14 hours a day, on a regular basis. In one week, one staff member was rostered to work eight long days in a row then a training day followed by another long day. The deputy manager and senior carer worked long days on a regular basis. Whilst this did reduce the service reliance on agency staff there was an impact on the overall standards in the home. For example, we saw that some records were not updated and cleaning in the home was not always done. One person also told us, "Sometimes we don't go out because of it (staffing). It's frustrating when that happens."

We recommend that staffing levels and deployment in the home are reviewed to ensure the service can always safely meet people's needs.



- Two new care staff had just been recruited. Appropriate assessments of their suitability to work at the service had been made by the registered manager. The provider had obtained two references, proof of identity and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or were barred from working with people who use care and support services.
- The provider was aware that recruitment of new care staff was a priority. They told us, "Combe House have a core permanent staffing team currently to ensure continuity, however we continue to recruit to build upon this team. Recruitment is ongoing and there have been three successful applicants who will be joining the core staff team once all satisfactory safe recruitment checks have been processed."

#### Systems and processes to safeguard people from the risk of abuse

- At the time of inspection there was a safeguarding investigation open about the care of people. The provider had taken steps to investigate the issues raised and following the inspection a report was made available to the local authority. This identified that better communication with relatives, co-ordinated staff supervision and training and increased management support and oversight were required to keep people safe.
- There had also been a safeguarding concern about the over use of medicines. This had been investigated and no evidence was found that prescribed medicines had been given inappropriately. After the inspection the registered manager sent information about the outcome of a meeting with the psychiatrist and the person's relatives where it was agreed to gradually reduce the use of medicines.
- The staff were aware of safeguarding procedures which were available in the home. One staff member said, "I would need to speak to a senior if I had any safeguarding concerns. If not, I can speak direct to social services or the CQC." One person told us, "I do feel safe, with the staff."
- Following the inspection, we received positive feedback from a healthcare professional. They said, "I believe the people living at the home are well cared for and kept safe."

#### Using medicines safely

- People's medicines were administered safely. We observed how people received their medicines and that the correct procedure was followed. The guidelines for people, included the list of what was given to them and when as well as how each person liked to receive their medicines. People who took medicines as needed (PRN) were supported with clear protocols, apart from one person's which needed greater clarity.
- An annual medicines audit had been carried out in February 2019 by an external pharmacist. There were actions needed regarding safe storage and having up to date information on medicines which had been addressed.
- The storage of people's medicines was safe. There was lockable cupboard with people's current medicines which was well organised, and any additional stock and specialist medicines were also secured safely. Temperature checks were being done and there was a system for returning unused medicines.

#### Preventing and controlling infection

- People were protected from the spread of infection through the safe practices of staff. One staff member told us, "We wear aprons and gloves when helping with personal care, and make sure they're put straight in the bin. We wipe down surfaces regularly and sanitize the crockery in the dishwasher." Another told us that, "People's laundry was washed separately." There was access to a supply of aprons and gloves in the bathrooms. Hand washing techniques were up on the wall in kitchen and bathrooms and to remind staff of the risks.

## 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 our last inspection (September 2016) the service was rated as Good in this domain. At this inspection, we found that the service had not sustained this rating and improvements were needed to meet legal requirements, assess needs and maintain a good living environment for people.

The effectiveness of people's care, treatment and support did not always support good outcomes or was inconsistent. Regulations may not have been met.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, this is usually through the MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- People were provided with support to make simple decisions and some choices were offered to people in a way they understood. However, people's rights under the MCA were not always protected and legal requirements not always met.
- A person, who lacked the mental capacity to make certain decisions, was given their medicines covertly. We also saw that this person was physically manoeuvred by a staff member to persuade them to go outside. The person resisted these attempts. The registered manager said this was done so the person would get fresh air and experience different activities. There was no mental capacity assessments or best interests' decisions documented about either of these decisions, which the person could not consent to.
- Five out of seven people were subject to a DoLS application as they were under constant supervision and not able to leave the home without support. One of these applications had expired in 2016 and had not been renewed although was still needed. Another application made in April 2018 did not have a clear decision-making process and assessment to support it. This was for a person who could not consent to medicines and needed additional supervision in the community.
- There was no obvious tracking of applications made. The registered manager said a number predated her and she would ask the social workers, indicating she did not fully understand her responsibilities under the MCA.
- One person's relative had the legal authority to be involved and to act as the person's representative under the MCA and DoLS. They told us that no best interests' decision was taken, with their involvement, prior to new medicines being prescribed and given to their relative, and we also found this was not in place.

Not acting in accordance with the requirements of the MCA and code of practice was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider told us that, where required, MCA assessments would be reviewed and completed by the registered manager and that further training for staff was to be implemented.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The assessment of people's needs was not always robust. Most people at the home had lived there for some years and their care plans detailed how their needs should be met. One person had moved into the home in March 2018. The comprehensive assessment, which enabled the service to be sure they could meet this person's needs, was not in place. When we asked about it, the registered manager said that they had not received enough information from the previous home.
- The person's relative told us they had provided a lot of information on their first visit (January 2018) and the service had the care and support plan from social services. They also provided the personal profile before the person moved in. However, the service's own care plan was not fully developed until June and was finalised in October 2018 which meant they could not assure themselves they were meeting the person's needs and choices in full.

The failure to carry out the provider's own assessment, working collaboratively with the relevant person/s was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

- People were supported by staff who told us they had received an induction and some relevant training to carry out their role. However, the training information we saw was out of date and no further information was available to us, so we were not able to reassure ourselves at inspection that staff training needs were being addressed.
- We identified there were some important gaps in staff knowledge, such as the medicines, fire safety and assessing people's mental capacity. A healthcare professional said that staff, "May benefit from additional training in positive behaviour support and in autism, to build their confidence in supporting people with more complex needs."
- After the inspection the provider told us that, "Staff training that is outstanding has been booked." In addition, they said, "The learning and development team have been asked to organise fire marshal training to take place at the home itself, so all staff can participate and become fire trained."
- We will be asking the registered manager to provide us with an action plan, following this inspection, and will check that the training has taken place as promised.

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

- People were supported to eat and drink enough. One person told us, "I like going out for burgers, but they also make sure we have vegetables. We get to choose what we want to eat for dinner (evening meal) one day a week." There was a meal planner for the week in the kitchen showing what the choices were and how they were chosen. There was only one choice of evening meal, but a note said that alternative options are available. Later in the day a staff member prepared the evening meal and we saw people enjoyed it. During the day staff supported a person with complex needs to take regular drinks and to have their lunch.
- One person had lost weight last year. Nutritional advice had been sought as well as guidance from the speech and language therapist due to their health condition. They had put weight back on over the last few months. Staff were able to tell what the person needed to ensure they ate well. One said, "[Person's name] needs a plate guard so food doesn't fall off the plate. Food needs to be cut up in to small bite size pieces... likes to have two plates of food each meal."
- People had access to fresh food. There was fresh fruit on the dining table. Staff told us they took people out shopping as an activity. The deputy manager said, "We have an online shop during the week, but we also like them to go to the greengrocers. At the weekend it's an activity to go shopping and choose their fruit

and veg."

Staff working together and with other agencies to provide consistent, effective, timely care

- People were supported by staff who worked as a team and involved others when needed. Recently, the local specialist intensive support team had been providing consultation for staff in their management of people's anxiety and behaviour. People had 'care passports' in place, which provided important personal and health information in case of a hospital admission or another care professional becoming involved.
- There was a daily handover sheet in use to update staff on day to day changes with people. One staff member said, "The night staff verbally update us, and we've asked them to start writing in the daily notes too." The daily notes were in place for each person to record significant events, appointments and what had happened that day.
- One healthcare professional told us, "I have been impressed by the commitment of the staff to be mindful of changing health needs. I have also been pleased to see the way that team members support each other in the service, in terms of giving praise, providing debriefing and offering additional support out of hours."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health services when needed. Each person had a health file that detailed their contacts with health professionals, including the dentist, or psychologist. There was also regular contact with the GP about people's medical needs and medicines.
- People each had a health action plan that covered needs such as their mobility, continence, hearing, vision and skin and oral care. One person was at risk of tooth decay and needed support to have a better diet and to follow their oral care plan. There was information for staff provided by the dentist on the amount of sugar in certain drinks. Annual health checks were in place and there was evidence of medicines reviews with the GP taking place.

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

- The house was suitable to meet people's needs and each person had access to their own private space and to a secure garden. People's bedrooms and bathroom facilities had been made suitable for them. One person, who liked to sit on the floor, had a large soft mat provided for them and items of interest at floor level. Bathrooms and showers were ensuite and were adapted to suit the individual needs.
- The hallway and stairs had recently been decorated. There was a new welcome board on the wall with the photos of each person who lived there.

# 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 our inspection (September 2016), we rated the service as Good in this domain. We found at this inspection, the service had not sustained this rating and improvements were needed.

People were not always cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- People were not always supported in a way that seemed respectful to them. We observed books and activities that were aimed at babies and toddlers and children's wall charts for "Good behaviour" which were not appropriate for adults.
- One person's care plan said that they did, "Not like to be told what to do" which reflected an unequal attitude of the staff being in charge, rather than working with people to support them with their needs. It went on to suggest that staff should, "Remind [person] about earning their sticker."
- A member of staff was heard to say to a person, "Don't you talk to me like that!" in a strident way. The person had been swearing at the time, but this response did not show respect or good practice. We had received feedback from a care professional that some staff did not seem to know how to manage or diffuse situations when challenged by people's behaviour.

Not treating people as equals and with respect at all times was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did however observe caring and patient interactions between staff and people. One person with sensory needs responded to appropriate physical contact and being read to by a staff member. Other staff were very calm and talked respectfully, guiding people towards an activity and asking what they wanted. One person needed continual support this was provided seamlessly for that day by two different staff. Another person said they liked sharing a joke with the registered manager and deputy. We saw this happening and that people were relaxed.
- People were supported with their emotional needs. One person said, "I can talk to the staff if I'm worried and they make me feel better. Staff are kind." In one person's room was a poster about, "How I can calm myself down" with simple techniques such as "Take a deep breath," or "Count to ten" which staff could support with. A healthcare professional said, "I have directly observed people being attended to with warmth, in a way that promotes dignity and offers choice."

Respecting and promoting people's privacy, dignity and independence

- One person said, "They (staff) knock on the door before they come into my room." Staff were aware of what people liked and protected people's dignity. One person like to have their curtains open before their shower and a staff member told us, "I always make sure the towel is on him all the time."
- Staff encouraged people to be as independent as possible with their personal care. One person was able

to use the electric shaver but needed support to start it and to check they had shaved enough. Another person had their daily routine written up in their bathroom to remind staff as the support provided needed to happen in an order.

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

- People had the opportunity for a weekly one to one meeting with their keyworker. They were asked about how they were feeling that week and give their views on activities. The recording of these was inconsistent. One person had said they wanted to do more swimming and walks. However, another person who enjoyed a specific activity at home was supported by staff to do this.
- Some people were non-verbal in their communication and staff needed to observe and notice their behaviour and actions throughout the day. One staff member said, "If I show [person's name] something they can choose it or indicate they don't want it." We saw that this happened during the day. Another staff member told us, "They all have a choice offered as much as possible, with food, what to wear and what to do. With [person's name] you have to give them two options and if they can't choose we would have to choose the best option for them."
- Some bedrooms had been decorated recently and we were told that people were supported to choose the colour they liked and what they wanted on the walls. We noted that each room was different and personal. A television was purchased for one person who liked to be quiet in their own room.

## Is the service responsive?

### Our findings

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

At our inspection (September 2016), we rated the service as Good in this domain. We found at this inspection, the service had not sustained this rating and improvements were needed.

People's needs were not always met in a person-centred way. Regulations may not have been met.

Improving care quality in response to complaints or concerns; End of life care and support.

- Relatives said they were not always involved, and concerns had not always been responded to. We heard from relatives about a lack of responsiveness from the service over issues they had raised informally. Five relatives expressed their disappointment. One said, "I had no response from my letters sent in January." Another said, "I had asked for information about [the person's] weight and did not get a response." A third said, "There has been a lack of openness."
- The registered manager said there had been no formal complaints and we did not see a complaints log. However, one relative told us they had made a formal complaint about an incident and the actions of a member of staff. They said, this was dealt with and a senior manager met with them to discuss the care of their relative. But the same relative had also raised other matters which they did not think had been responded to soon enough and this had affected the level of trust they had in the service and management.
- The service had also received feedback about the lack of variety in the activities people were supported with. On the day of inspection three people were taken out for a time and for lunch. One person attended a day centre. However, there was little stimulation provided for one person who did not like to go out during the day and another person was engaged with the same activity all day. This was something that staff and registered manager were aware of and were willing to work on.
- People's wishes and needs for the end of their life had not been sensitively explored. The registered manager had recently sent a letter out to relatives with a questionnaire, stating the information had to be asked for the CQC registration. This was not only inaccurate, but the questions focused on whether people had a funeral plan and did not explore where people would like to be cared for or who and what was important to them at end of life. Some relatives found the approach very difficult.

Not providing sufficient opportunities for relevant persons to make or participate in making, decisions relating to care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager said they had recently spoken with some relatives to address the issues they raised. A formal complaints process was in place and this was shared with us after the inspection.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- People's care plans were person centred, covering people's needs as well as preferences like what time they liked to get up and their morning and evening routines and their likes and dislikes.

- There was good information about how people who were non-verbal communicated, using signs and body language and how staff could help the person understand them. There was a detailed communication plan in place for one person showing what they needed staff to do and what would happen if no-one responded to them.
- People were supported to take part in outings and activities to meet their social and physical needs. One person told us about these. "We go for walks. I like to go to the driving range. We go together. Sometimes we take a packed lunch. We went to Hampton Court and looked around the gardens." There were boards on view for each person with a weekly plan to guide staff with individual activities.
- The registered manager told us, "We are here to work for them in their home. I want all staff to be clear about this. We can help people experience more of life, enjoy different food, going out and holidays."



# 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 inspection (September 2016), we rated the service as Good in this domain. We found at this inspection, the service had not sustained this rating and improvements were needed in the management of the service.

There were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement; Continuous learning and improving care

- People living at Combe House had complex needs and the staff team was small. The registered manager was part time, dividing their time with another of the registered providers homes, which we found had an impact on their responsiveness and their ability to maintain the quality of care we expect. We heard from staff who thought the registered manager could be on site more often.
- We found breaches of regulation around how risks to people's safety were addressed, with people's legal rights, person centred care and the care of the premises. These shortfalls were mainly due to inadequate management oversight at the home and the ability to ensure that all aspects of good care were always maintained.
- Staff were consistently working long shifts and there was no apparent assessment or oversight of the impact of this on people's care. The registered manager was unable to show us how they ensured that the one to one support that people needed was being delivered day to day.
- There was no record of relatives concerns and comments being raised and how they had been dealt with, what had been learnt and the responses made to either improve communication or to take action. The provider later told us, "The majority of the family concerns come down to lack of communication between the home and the relatives."
- Incident reporting at the home was not well organised or robust. A high number of incidents were logged onto the provider's system between December 2018 and March 2019. The management oversight of the actions required because of incidents was not recorded. It was not possible to track whether the situation and needs the incidents highlighted were well managed with appropriate actions always taken. The duty of candour responsibility to inform relatives of incidents was not always evidenced.
- There were three-monthly audits completed by the provider, but we found these were not robust. The most recent one happened in February 2019. This said, for example, that paperwork was organised, yet we found incident reports were not in a folder and one persons' care plan and risk assessment regarding behavioural support was not up to date. There was no review of progress with essential staff training, which had been identified. The way in which the service was meeting the requirements of the MCA 2005 was also not discussed and the gaps we found had not been identified. The audit meeting in October 2018 stated that

there would be a monthly medicines audit by the registered manager, yet no record or evidence that these had been happening was provided.

- There was no record of daily or weekly checks completed by a manager to ensure the quality of service and cleanliness of environment was maintained. The registered manager told us, "I look at people's daily notes to check what has happened. I do walk around the house. I deal with things in supervision or staff meetings." However, as we found improvements were needed with the cleaning of the home and saw mistakes in records, these checks did not seem effective.

The failure to assess, monitor and improve the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events and alleged abuse, that happen in the service. However, a safeguarding investigation was opened during February 2019 about the care of people living at the home. The provider was aware of this, but no notification was sent until after we had visited on inspection and reminded them.

The failure to notify of incidents that affect the health, safety and welfare of people who use the service was a breach of Regulation 18(1) of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager did not know about or take part in local care home forums or professional networks where good practice and service improvement ideas would be discussed and shared.

- Following the inspection, the provider has responded to say that they had taken steps to enable the current registered manager to concentrate solely on Combe House and to provide them with the practical support they required to make improvements. We were told that the, "Locality manager and area manager will continue to have a significant presence at the service."

- A service improvement plan, updated since the inspection, was provided. This included actions for the registered manager to ensure that staff supervision would be carried out, that staff induction and performance management were developed and an up to date training matrix would be put in place.

- The provider also told us that weekly calls, or emails if preferred, with all relatives would be put in place and a weekly report made. They said, "There will be a stakeholder meeting ...for all relatives to attend and voice any concerns, challenges and compliments they may have about the service."

- We will check these improvements are made and sustained at our next inspection.

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

- The registered manager admitted that communication with people's relatives needed to be improved. They said, "Communication is the main thing I want to get right." There was no regular method or forum to in place to get their feedback and about the service.

- There were house meetings held with people living at Combe House. There were easy read notes available from these meetings with the last ones held in February and March 2019. People were asked if they were happy and about activities and food. It was not clear how people who could not verbalise their wishes were helped to take part, although verbal and non-verbal responses were recorded.

- Staff told us that they attended regular team meetings and felt supported and valued by the management. One new staff member said, "I can talk to the manager if I have a problem. She makes time for me. There's been two staff meetings since I've been here. We are told about anything we need to do or carry on doing, as well as being praised." Another senior staff member said, "They don't specifically ask us [our views] but it is a very open discussion anyway."

### Working in partnership with others

- The service had established a good relationship with their local GP, and the specialist community teams for people living with a learning disability and autism. This was of benefit to people living at Combe House and expert advice had been sought.
- There was contact being made with local community social clubs for people with learning difficulties to increase social opportunities for some people. The registered manager told us they had formed a good relationship with people at Combe House. They said, "I have changed a lot here, people have a better quality of life. But I know things can be better."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>Failure to notify of incidents that affect the health, safety and welfare of people who use the service.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>9 (3) a The registered provider had not completed an assessment of needs and preferences of a person, working collaboratively with the relevant person/s. 9 (3) d The registered provider had not ensured sufficient opportunities for relevant persons to make, or participate in making, decisions relating to people's care.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>Staff did not treat people as equals and with respect at all times</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider was not acting in accordance with the requirements of the MCA and code of practice in relation to people's consent to care.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider did not do all that is reasonably practical to address risks.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered provider had not ensured that the premises were always kept clean and properly maintained.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to assess, monitor and improve the quality and safety of the service.</p>