

Aitch Care Homes (London) Limited

Combe House

Inspection report

Castle Road
Horsell
Woking
Surrey
GU21 4ET

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Tel: 01483755997

Website: www.achievetogether.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Combe House is a care home which provides personal care and accommodation to people with a learning disability, epilepsy or Autism. At the time of our inspection, six gentlemen were living at Combe House.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

We found improvements at the service since our last inspection. The new registered manager had created a positive atmosphere within the service and was continuing to drive improvement. However, relatives gave us mixed feedback on the service. This was mostly in relation to staffing levels and how well staff knew people.

Risk assessments in relation to keeping people safe were robust and support plans detailed. This all helped to ensure people received appropriate care by staff.

People told us they felt safe living at Combe House and that staff helped them if they needed it. People said staff assisted them with their medicines and they could speak to staff if they were worried or concerned about anything. Where people had an incident or accident these were responded to and action taken to prevent further accidents.

Changes had been made to the service during the pandemic to help reduce any spread of infection. We had no concerns about the infection prevention and control practices of staff.

The registered manager had an open-door policy and staff told us they felt supported and valued by them. They said they could approach the registered manager and they felt listened to.

A range of audits were completed to ensure people received a good level of care. People and staff were asked for their input into the running of the service and the registered manager worked with external agencies to respond to people's needs. Relatives said communication between the service and them had started to improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (report published 10 December 2019).

At this inspection we found improvements had been made to the service in response to the shortfalls found.

As such, the ratings in the Safe and Well-Led key questions have been changed. However, further work was needed to help ensure people were receiving the level of care they deserved.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 8 October 2019. At that inspection we awarded the service a Requires Improvement rating as we found repeated shortfalls from our previous inspection and we felt people may not be receiving safe care.

The service was placed in Special Measures following our inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

At this inspection we reviewed the key questions of Safe and Well-led only and this report covers our findings in relation to these key questions.

The ratings from the previous comprehensive inspection for key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Combe House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme when we will carry out a fully comprehensive inspection looking at all key questions. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Combe House

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to follow up on shortfalls found at our last inspection. The service was also placed in Special Measures following our last inspection. During the inspection we also completed an infection prevention and control assessment.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Combe House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the agency is run and for the quality and safety of the care provided.

Notice of inspection

This was an announced inspection. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to the COVID-19 pandemic.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This was because this was a focused inspection following up on what we found at our last inspection.

We reviewed information we had received about the service since the last inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care

provided. We spoke with three members of staff including the registered manager and care staff.

We reviewed a range of records. This included three people's care records and medicines records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the manager to provide us with evidence of audits and their overarching improvement plan.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found the provider in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of medicines. This was because one person had not received their medicines in line with their prescription. At this inspection, we found improvements to the medicine practices and people told us they received their medicines.

- People received the medicines they required. One person told us, "It's called medication and staff help me with it."
- Medicine administration records (MARs) were completed correctly. Double signatures were used where hand written entries were made, no gaps were seen on the MAR charts and they were clear and legible.
- The temperature of the medicines storage was checked to ensure medicines were stored at their optimum temperature and storage was secure.
- We noticed where people had PRN (as required) medicines their related protocols did not always record how the person may display if they were in pain. Although we did not have any concerns that people were not getting their PRN medicines. The registered manager said she would review all of the protocols and ask the GP to sign them off. We will check at our next inspection this has been done.

Assessing risk, safety monitoring and management

At our last inspection we found the provider in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of safe care. This was because risks to people's safety had not always been assessed. We found improvements at this inspection as robust risk assessments were in place.

- People felt safe, risk assessments were in place and staff were able to describe people's individual needs and risks. One person told us if they were worried about anything they would, "Talk to the staff." A staff member said, "The paperwork is being done properly now." A relative told us, "I have always had the impression from all staff that they know him well and care about him."
- Where people had epilepsy there were good epilepsy care plans in place and staff recorded individual seizures thoroughly, detailing how long they lasted, how they supported the person and what they suspected the trigger was.
- One person suffered from a particular health condition and staff used a monitoring chart to determine when the person required medicinal intervention. There was evidence staff were acting in line with the person's support plan. A second person had poor mobility and was at risk of slipping in the bath. Their risk

assessment detailed clearly that a bath mat should be used.

- Some people had behaviours that challenged. Staff told us they had received positive behavioural support (PBS) training and that the provider's PBS lead advised and guided them in how best to respond to a person. We observed PBS plans in people's records. A staff member told us, "We have plenty of training and it's really helped. People are so much calmer now." We asked a staff member about one person's distress triggers and the strategies used to keep them calm. They told us in detail how the person liked the quiet of their room when they were distressed.
- Staff knew people's individual risks. They could describe to us what to look out for, what may trigger a person's behaviour and how to keep people safe when travelling in the service's vehicle. For example, where people should sit and who they could not sit with. This was in line with what was recorded in people's records.
- The service had a contingency plan in place which covered events such as a power failure or fire and each person had a personal evacuation procedure in place. One person told us, "I feel safe because if the alarm goes off I can leave the building."
- Checks were carried out to help ensure people lived in a safe environment. This included water temperature checks, an environmental risk assessment and gas and electrical safety checks.

Staffing and recruitment

- We received mixed feedback on staffing levels and staff consistency. One person told us, "The staff help me. It's a nice home. Staff are around." However, a relative said, "The lack of staff means [person] is restricted to the house and sometimes to his room for several days. The continued changing of staff, makes it impossible for the carers to understand the complexities of dealing with an autistic person." Another relative told us, "Not all the staff know [person] well." However, a further relative commented, "He is certainly a lot happier, they (staff) have upped their game." We fed some comments back to the registered manager who confirmed later they had spoken with relatives.
- Staff felt levels of staff were appropriate. A staff member told us, "Provided we have five staff then we have enough." The registered manager said they always met their minimum staffing levels. This was confirmed by looking at the shift plan.
- Some people required one to one support during the day and we observed them always being accompanied by a staff member. In addition, one person needed two staff to support them out in the community and this happened on the day of inspection.
- The service had recruited new staff since our last inspection and the registered manager told us, "Staffing has been an issue, but it is improving and we have a huge on-going recruitment drive underway." We reviewed the recruitment records for two staff and found an application form and health declarations had been completed, references obtained and a Disclosure and Barring Service (DBS) check carried out. A DBS helps ensure prospective staff are suitable to work in this type of service.

Systems and processes to safeguard people from the risk of abuse

- Where people had experienced incidents that constituted abuse, staff recognised these and took appropriate action in response.
- Safeguarding concerns had been raised with the appropriate authority and the service worked with the safeguarding team to investigate or provide additional information when required. A social care professional had complimented the staff on their, 'excellent, immediate risk management of this serious safeguarding as soon as it came to their attention'.
- Staff had a good understanding of what constituted a safeguarding concern. A staff member said, "I would go to [registered manager] and if necessary I would whistle-blow or report it to CQC."

Learning lessons when things go wrong

- Where people had incidents or accidents these were recorded in detail, responded to and reported to head office.
- An accident and incident log was kept by the registered manager and action was taken to respond to any accidents or incidents. Where one person had managed to climb through a gap in the back-garden fence, the registered manager had immediately arranged for a lock to be installed to prevent further episodes.

Preventing and controlling infection

- People lived in a clean environment and as part of this inspection we carried out an infection prevention and control assessment which did not identify any concerns about the service.
- Staff told us they had received infection control refresher training recently, which included a practical assessment of correct use of personal protective equipment (PPE). We observed staff using PPE throughout the day. A staff member told us, "We have plenty of gloves and aprons."
- Changes had been introduced to help prevent the spread of COVID-19. Visitors were prevented from catching and spreading infections as they were asked to read the infection control policy on arrival, sanitise and then wash their hands.
- Testing was available for staff and people. The registered manager told us they had not carried out any testing on people as they felt it would distress them. They also said that following initial problems with testing for staff they were to introduce weekly testing.
- The provider's infection prevention and control policy was up to date and the service contingency plan had been reviewed and updated to include any risks related to COVID-19.

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 the last inspection this key question was rated as Inadequate and we placed the service in Special Measures. At this inspection this key question had improved to a rating of Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to a lack of management oversight of the service, ineffective auditing and a failure to notify CQC of incidents or safeguarding concerns. At this inspection we found the management and governance of the service had improved, together with communication, the culture and insight into the requirements of registration.

- Staff told us the culture within the service had improved. They said the registered manager was open and supportive to them and there was better team work since the last inspection. A staff member said, "I actually enjoy coming to work now." The improvement in staff morale had resulted in a positive impact across the service. Staff said people were calmer and the atmosphere in general was much happier.
- The registered manager reiterated this, telling us, "Staff now do with, rather than do for. The people living here deserved so much better than they were getting."
- The registered manager worked hard to improve outcomes for people. They told us they were, "Constantly in contact with funding authorities to get further one to one funding" and they had sourced additional funding for one person. A second person was provided with a radio to help them sleep at night and supported to attend a football match which was a life-long dream of theirs. One relative told us however their request to reinstate a therapy session for their family member was yet to be organised. We contacted the registered manager about this who said they would chase for this to be done.
- Staff were clear about their role within the service. The registered manager told us, "I'm there (at the service/on the floor) and I wouldn't ask my staff to do anything I wouldn't do." They said they were supported by the provider's regional manager, telling us, "[Regional manager] is amazing."
- The registered manager adhered to their requirements of registration by submitting notifications when an incident or safeguarding concern arose.
- We read letters of apology sent to family members in response to their complaints. In addition, the registered manager said they had apologised directly to the family of one person who had been involved in a recent incident.
- Auditing was more robust and shortfalls or actions identified were transferred into an overarching action

plan regularly reviewed and updated by the registered manager. Audits included medicines, health and safety, finance, infection control and vehicle checks. We noted from the audits improvements being made as actions were addressed. For example, new sofas had been ordered, basic life support refresher training was delivered to staff, moving and handling face to face training had been booked and small maintenance jobs had been reported.

- We had identified however some areas of on-going work needed in relation to records for people. This included the PRN protocols and information in people's risk assessments and health care plans.
- Following our inspection, the registered manager sent us a variety of documentation relating to the service which demonstrated more in-depth scrutiny of its operation

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

- Resident and staff meetings were held. This allowed people to give their views on their care and staff to discuss all aspects of the service. We noted in the recent meeting staff held a session with people of COVID-19 and good handwashing.
- Families were also given the opportunity to make comments about the care their loved one received through a questionnaire. The last survey did not identify any major concerns within the service. One relative had written, 'very good communication and we are informed of any development/changes in his health and well-being and action taken'.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked with the Community Learning Disability Team, Speech and Language Therapy team, Positive Behaviour Support lead, Surrey Care Association and Skills for Care to improve people's care, keep themselves updated on best practice and share ideas. In addition they told us, "We had good support from Surrey Heartlands; they rung weekly (during the pandemic) to check we were okay."
- Since our last inspection most relatives told us they had seen some improvement, although they recognised it was going to take time. One relative said, "It's a lot better. I feel I can complain and I'm listened to. They (staff) are responsive if I complain. They [registered manager] is getting there." A second told us, "I certainly have found [registered manager] to be much more transparent, responsive and clearly communicative than her predecessor." We did however, hear from some relatives who felt requests had not been listened to. We fed these comments back to the registered manager to follow up on.
- The provider continued to seek to recruit a permanent registered manager for the service. This would help ensure consistency at management level and help sustain the improvements already made.