Aitch Care Homes (London) Limited

Combe House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 31 August 2016 and was unannounced. We returned to the home on 9 September to complete our inspection.

Combe House is a home providing accommodation and personal care for up to seven adults with learning disabilities. It is situated in Horsell, Woking. At the time of our inspection there were no vacancies. The people who lived at Combe House had significant support needs because of their learning disabilities such as physical and communication impairments, autistic spectrum conditions and behaviours considered to be challenging.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A family member told us that they felt that people who lived at the home were safe. We saw that people were comfortable and familiar with the staff supporting them.

People who lived at the home were protected from the risk of abuse. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

Medicines were well managed by the home. People's medicines were managed and given to them appropriately. Records of medicines were well maintained.

We saw that staff at the service supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of the people using the service.

Staff members received regular relevant training and were knowledgeable about their roles and responsibilities and the needs of the people whom they supported. Appropriate checks took place as part of the recruitment process to ensure that staff members were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about capacity was included in people's care plans. Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been made to the relevant local authority to ensure that people who were unable to make decisions were not inappropriately restricted. Staff members had received training in MCA and DoLS,

and those we spoke with were able to describe their roles and responsibilities in relation to supporting people who lacked capacity to make decisions.

People's nutritional needs were well met. Meals provided were varied and met guidance provided in people's care plans. Alternatives were offered where required, and drinks and snacks were offered to people throughout the day.

Care plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs. Systems for supporting and monitoring people's needs and behaviours were effectively used and monitored.

A range of activities for people to participate in throughout the week was provided by the home. Staff members supported people to participate in these activities. People's cultural, religious and relationship needs were supported by the service and detailed information about these was contained in people's care plans.

The service had a complaints procedure. A family member told us that they knew how to make a complaint but did not have any complaints about the home.

The care documentation that we saw showed that people's health needs were regularly reviewed. Staff members liaised with health professionals to ensure that people received the support that they needed.

We saw that there were systems in place to review and monitor the quality of the service, and action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date and reflected good practice guidance.

A family member and staff spoke positively about the management of the home. People who lived at the home were familiar with the registered manager and regularly approached him for support.

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. There was an up to date safeguarding policy. Staff members were aware of safeguarding policies and procedures and were able to describe their role in ensuring that people were safeguarded.

Up to date risk assessments were in place and these provided detailed guidance for staff around managing risk to people.

Medicines were administered and managed in a safe and appropriate manner.

Is the service effective?

Good

The service was effective. A family member told us that they were happy with the quality of care provided.

Staff members received the training and support they required to carry out their duties effectively.

The service met the requirements of The Mental Capacity Act 2005. People who used the service and their family members were involved in decisions about people's care. People were supported to maintain good health and to access health services when they needed them.

People chose their meals and were provided with the support they needed to eat and drink.

Is the service caring?

Good

The service was caring. We observed that staff members communicated with people using methods that were relevant to their needs.

Staff members spoke positively about the people whom they supported, and we saw that interactions between staff members and people who used the service were positive and caring

People's religious, cultural and relationship needs were respected and supported.

Is the service responsive?

Good

The service was responsive. Care plans were up to date and person centred and included guidance for staff to support them in meeting people's needs.

People were able to participate in a wide range of activities of their choice.

The service had a complaints procedure.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of the service and we saw that these were evaluated with improvements made where required.

The registered manager demonstrated leadership and accountability. They were available to people who used the service, staff members and visitors.

Staff members told us that they felt well supported by the registered manager. A family member of a person who used the service felt that the home was well managed.

The registered manager had a good working relationship with health and social care professionals and organisations. Links with the community were
promoted on behalf of people living at the home.

Combe House

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 was planned to check 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 inspection took place on 31 August and 9 September 2016 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection the provider had completed a Provider Information Record (PIR). This is a form that asks the provider for key information about the service, what the service does well, and what improvements they plan to make. We also reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries.

During our inspection we met six people who lived at the home. Because the majority of people living at the home had cognitive and communication impairments we were unable to fully assess their views of the support that they received. However, we were able to obtain limited feedback from three people. We were able to spend time observing care and support being delivered in the communal areas, including interactions between staff members and people who used the service. We also spoke with a family member of a person who lived at the home. In addition we spoke with the registered manager, the deputy manager and four members of the care team. We looked at records, which included the care records for three people who lived at the home, four staff recruitment records, policies and procedures, medicines records, quality assurance audits and other records relating to the management of the home.

Good

Is the service safe?

Our findings

A family member told us that, "I have no concerns about the way that [my family member] is looked after at Combe House."

A staff member that we spoke with said, "We always have to remember that this is our service user's home. We try our best to make sure that they are safe and comfortable living here." All staff members working at the home had received training in safeguarding of adults, and we saw that this had been regularly 'refreshed. The staff we spoke with demonstrated that they were knowledgeable about their roles in ensuring that people were safe and were able to show an understanding of how to recognise and report any suspicion of abuse. We reviewed the safeguarding records and history for the home and saw that there had been no safeguarding concerns raised with the local authority.

People who lived at the home were protected from identified risks associated with day to day living and wellbeing. Their risk assessments were personalised and had been completed for a range of areas including people's behaviours, anxieties, rituals and routines, health and mobility needs. Situational risk assessments were in place for a wide range of activities both inside the home and within the local community. These included, for example, assessments for a range of personal care activities, food preparation and eating, travel, outings and holidays. We saw that these were up to date and had been reviewed on a regular basis. Risk management plans were detailed and included guidance for staff around how they should manage identified risks. Behavioural risk assessments included guidance for staff around providing positive approaches to supporting people and identifying and reducing 'triggers' that might create anxieties for people. Staff members had signed to show that they had read people's risk assessments as they were updated.

People's medicines were managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by the staff members that we spoke with and the records that we viewed. People's care plans included guidance for staff on how to administer medicines in the best way for each person. Step by step guidance was in place for staff on how and when to administer PRN (as required) medicines.

Records of medicines maintained within the service were of a good standard, and included details of ordering, administration and disposal of medicines. We saw that medicines were stored safely. Controlled medicines were appropriately managed, recorded and stored. Up to date records were maintained regarding medicines that were returned to the local pharmacy and we saw that these had been signed for.

Small amounts of people's monies for day to day expenditure were looked after. We saw that records of these were well maintained, receipted, and that these matched people's cash balances. People's records showed that checks of monies took place on a regular basis. We also saw evidence that the provider undertook audits of people's finances.

We saw from the staffing rotas and our observations of staff supporting people during our inspection that

the provider had made appropriate arrangements to ensure that people received the support that they required, and that there was continuity of care from a stable staff team. We observed that people who used the service were familiar with the staff members supporting them, and the staff members that we spoke with were knowledgeable about people's individual care and support needs.

We looked at four staff files and these showed us that the provider had arrangements in place to ensure that they recruited staff who were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Detailed policies and procedures were in place in relation to staff recruitment and the staffing records showed that these had been followed.

The home environment was suitable for the needs of the people who lived there. The communal areas were spacious and that there was sufficient space for people to move around safely. People's bedrooms were well furnished and contained personal items. We saw that one person's bedroom was furnished with sensory equipment and a specialist mat that they could use instead of a chair.

Regular health and safety audits of the building had taken place. These included action plans, and we saw that identified actions had been addressed. Records showed that safety checks at the home, for example, in relation to gas, electricity, fire equipment and portable electrical appliances were up to date.

Accident and incident information was appropriately recorded. Staff members described emergency procedures at the home, and we saw evidence that fire drills and fire safety checks took place regularly. People's risk assessments included information about fire and emergency evacuation.

The provider maintained an out of hours emergency contact service. The staff members that we spoke with were aware of this and how to use it.

Good

Is the service effective?

Our findings

A family member told that they were happy with the support from staff. They said that, "They are really good and very well trained." One person that we spoke with said, "I like my staff. They help me a lot."

All staff members at the home had received mandatory training, such as safeguarding, infection control, food safety, manual handling, epilepsy and medicines administration and management. Additional training that related to people's specific needs was also provided, for example, in autism awareness, positive behavioural approaches and administration of buccal midazolam, which is a medicine prescribed for people at risk of complex seizures, Training was refreshed on a regular basis, and we saw that the provider maintained an on-line training matrix that alerted staff members and the registered manager if any training was due. The staff members that we spoke with spoke positively about the training that they received which was delivered through a mix of on-line and classroom based sessions. All new staff received induction training lined to the Care Certificate for staff working in social care services. One staff member that we spoke with was new to the home and in the process of completing their induction training. They told us that, "the induction training is great compared to other services that I have worked at."

Staff records showed that supervision by a manager took place on at least a quarterly basis and that these meetings were recorded. We saw that additional meetings had taken place for staff where there were concerns about performance or health. Recent annual appraisals had taken place for staff members and these included information and plans in relation to performance and training and development..

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. Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005. These were consistent with the MCA Code of Practice for health and social care providers. Staff had received training in the MCA 2005 and DoLS. People's care plans included information about restrictions that were in place, with evidence that these had been agreed with others, such as family members and key professionals, to be in people's best interests. Applications had been made to the local authority for Deprivation of Liberty Safeguards (DoLS) to be put in place for people who lived at the care home to ensure that they were not unduly restricted, and we saw that these authorisations were up to date.

We observed that staff members used a range of methods, including words, signs, pictures and objects to support people to make decisions. Information about supporting choice for people with communication impairments was contained in their care plans, as was information about people's capacity to make decisions.

Two people were able to tell us that they liked the food provided by the home. We saw that staff members offered choices to people in relation to what they would like to eat and drink in ways that they understood. Care plans included information about people's dietary needs and preferences and staff members that we spoke with were aware of these. We saw, for example soya milk was available at the home for a person who was lactose intolerant. Drinks and snacks were offered to regularly to people. We saw that staff responded quickly to people who indicated that they would like a drink or snack. We were shown pictures of food items that staff members used to assist people in making choices when planning menus and shopping for the home.

There were effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example, with challenging behaviour services, as well as the GP and dentist. People had Health Action Plans which outlined their current health needs and medicines and could be taken with them to health appointments. Staff members accompanying people to appointments had completed a record of what had been discussed and agreed at these. Care plans included information about people's health needs which included details about the support that they required to maintain their health and wellbeing. The daily records maintained by the home showed that people's daily health needs were well managed.

People's families were involved in their care and their feedback was sought in regards to the care provided to their relative. A family member said that "They always let me know immediately if there is something I need to know." During our inspection we saw that family members had come to the home to support a person who was about to receive treatment from a medical professional.

Good

Is the service caring?

Our findings

Two people were able to tell us that the service was caring. One said of the staff, "I like them"" and another person was able to list the names of their favourite staff members. A family member told us, "There have been some staff changes, but the staff they have now are very good."

People were supported by staff members who treated them with dignity and respect. We saw that care was delivered in a sensitive manner, and was flexible in ensuring that people were given the time that they needed for activities. Staff members were gentle and positive in their communications and people appeared relaxed and comfortable with the workers who were supporting them. We saw that staff members were familiar with the people they supported, and spoke with them about the things that were meaningful to them. We observed friendly interactions between people who used the service and their care staff who used words and signs that people understood, and we saw that people responded positively to this. For example, we observed staff explaining to people what was happening, for example, when they were getting their medicines, and calmly speaking with a person who was anxious. It was clear from people's responses that they understood what staff members were trying to tell them. Staff members checked that they understood people's responses, and we observed people smiling and verbally and physically indicating that they had been understood.

Staff members spoke positively about the people whom they supported. One said, "I have learnt so much from working here. Everyone has their own way of telling us what they want, and it is our responsibility to make sure we find ways of making sure they get this." Another staff member told us, "It's challenging but if you are friendly and speak to people in their own way, they do respond very well."

The service was sensitive to people's cultural, religious and personal needs. We saw that information about people's religious, cultural and personal needs and interests were recorded in their care plans. This included information about people's sexuality and relationships, and we noted that care plans included guidance on how to support people in these areas.

The registered manager told us that people could access advocacy services if required, and we saw that information about local advocacy services was available at the service. However, people had very strong links with their families who were fully involved in their care. Family members called their relatives regularly, and we saw that regular home visits or visits from family members were included in people's activity plans and care records.

People were involved as much as possible in decisions about their care. We saw that care plans included information about people's likes and dislikes, along with guidance for staff on their communication needs and preferences. The plans included information on 'what works' and 'what doesn't' for each person, and the staff members that we spoke with demonstrated that they were familiar with this guidance.

Good

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. A family member said, "They make sure I am involved in helping [my family member] at all times."

Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. The care plans were clearly laid out and written in plain English. There was a clear link to people's assessments and other information contained within their files.

The care plans that we viewed detailed people's personal history, their spiritual and cultural needs, health needs, likes and dislikes, preferred activities, and information about the people who were important to them. They also provided clear guidance for staff members on the best way to communicate with people to achieve positive outcomes.

The care plans provided information for staff about the care and support that was required by the person and how this should be provided. For example, behaviour plans clearly described behaviours that might indicate that a person was anxious or distressed, along with 'triggers' to be avoided where possible. These were supported with clear stage-by stage information to reduce levels of arousal and enable staff members to support the person to manage their behaviours in a positive way. They also included detailed information about people's communication needs and preferences, and sensory likes and dislikes along with information about how staff should manage these. Detailed information about people's preferred activities and routines was supported by individual activity plans, and we saw that these were carried out by staff during our inspection.

A 'pen portrait' of each person that included 'need to know' information, for example about seizure management, health, behaviour, important relationships and routines that was easily accessible to staff members was held at the front of people's plans. The registered manager told us that this was in place because it was important that all staff members were able to access essential information in an emergency. A new staff member told us that care plans were comprehensive, "but I can get to the right information quickly because they are well set out."

We saw that there was effective use of a range of tools designed to support the reduction of behaviours considered to be challenging. For example, ABC charts, designed to record and monitor behaviours were used to record incidents of specifically identified behaviours demonstrated by people. We saw that these were appropriately completed and regularly reviewed. Social Stories, which is a tool for working with people with autistic spectrum conditions, had been developed for two people. The deputy manager described how these were used. We saw that they were specific to each person and included words and pictures that they could understand.

A local organisation that specialised in working with people with profound learning disabilities visited regularly to provide an intensive interaction session for one person. Intensive interaction is a process for developing communication interactions with people who do not communicate verbally. We saw that some

staff members had received training in intensive interaction. The registered manager told us that the home was working with the local organisation to understand and develop processes for meaningful interaction with the person.

People participated in a range of activities within the local community that included shopping, outings, walks and meals out. People's care documentation included individual activity plans and we saw that people participated in a range of activities. During the two days of our inspection we saw that a person who received one to one support had been taken out on community based activities on both days. On the first day of our inspection a trip to the local park for ice creams and drinks was offered to everyone. A staff member told us, "It's a lovely day and we take opportunities to offer people to go out when we can." When we returned to the home to complete our inspection some people had gone on an outing to Hayling Island. During our inspection people were talking about a night out at a disco. The registered manager told us that this was a regular activity.

The home had a 'garden room' that was equipped with items such as a television, table tennis table and comfortable chairs. There was also sensory equipment such as lights. We did not see anyone using the garden room at the time of our inspection, but we were told that some people used it, either when they wished to be alone or where there was an activity that a group activity that was planned to take place there.

The home had a complaints procedure that was available in an easy read format. A family member that we spoke with confirmed that they knew how to raise any complaints or concerns. They told us that, "I know how to complain but I don't have any complaints." We looked at the home's complaint's log and saw that there had been no complaints during the past year.

Good

Is the service well-led?

Our findings

A family member told us, "There were some changes in management, but I think this manager is very good." During our inspection we saw that people who lived at the home often sought out the manager to communicate with.

The registered manager was supported by a deputy manager. Experienced support workers were designated as 'shift leaders' on each working shift. The deputy manager worked a number of shifts each week and the manager also covered shifts where required. For example, on the night before the first day of our inspection, the manager had worked a 'waking night' shift to cover for staff absence.

During our inspection we saw that the registered manager spent time with people and staff members. There was an 'open door' policy at the home. The registered manager said that. "If we keep the office door closed someone will want to come in so best to leave open." People regularly approached the manager for support or to talk, and we observed that he gave them time and encouragement on each occasion.

The staff members that we spoke with told us that they felt that the manager was supportive and approachable. They also spoke highly of the support that they received from the provider. One staff member told us, "I am very happy with the management overall." Another said, "Things haven't always been so great, but this manager has really made a difference." We saw that the manager and deputy manager spent time with staff members and people who lived at the home, and that their interactions were positive and informal. Staff members told us that a member of the management team was always available if they needed any guidance or support. One staff member said, "We can always phone the Area Manager if we need any help in the absence of a manager."

Staff members had job descriptions which identified their role and who they were responsible to. The staff members that we spoke with were clear about their roles and responsibilities in ensuring that the people who used the service were well supported.

Minutes of regular staff team meetings showed that there were regular opportunities for discussion about quality issues and people's support needs. The assistant manager told us that urgent information was communicated to staff immediately. We saw recorded evidence of this, which included the communications book and 'handover' meeting records, and the staff members that we spoke with confirmed that this was the case. The staff members that we spoke with told us that they felt well supported by the registered manager.

There were systems in place to monitor the quality of the home and we saw evidence that regular safety and quality reviews had taken place. The records of the provider's quarterly internal compliance audits showed that detailed monitoring of a range of quality issues had taken place. These included monitoring of records, recruitment, medicines, monies, health and safety, and community engagement. They also showed that observations of staff support and engagement were monitored. Actions required as a result of these audits had been addressed and we were able to see evidence of this. In addition, monthly auditing of, for example,

safeguarding, staffing records, complaints and notifications was carried out by a locality manager. The registered manager also undertook weekly monitoring of medicines. We saw that identified actions had been addressed in relation to these.

The provider had undertaken regular satisfaction surveys with people and family members. The recorded outcomes from the most recent one dated13 April 2016 showed high levels of satisfaction. We saw that issues identified from the most recent satisfaction survey had been addressed,

We reviewed the policies and procedures.in place at the home. These were up to date and reflected good practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

Records maintained by the home showed that the provider worked with partners such as health and social care professionals to ensure that people received the services that they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.