Mrs C Windebank and Mrs S Howard

The Coombe House

Inspection report

The Coombe
Streatley on Thames
Reading
RG8 9QL
Tel: 01491 872174

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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

Overall summary

This inspection took place over two days on 18 and 23 December 2015, and was unannounced.

The Coombe House is a care home that offers accommodation for people who require personal care. Although registered to provide a service for up to 24 people, the location currently provides facilities to 22 people whose needs are related to old age. There were 20 single occupancy rooms, and 2 double bedrooms.

The home is required to have a registered manager. The manager has been in post since June 2013. 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.

Staff knew how to keep people safe. They were aware of the reporting structures and the need to report concerns promptly. They were familiar with procedures clearly outlined in training as well as the service's own policies and procedures. Comprehensive processes for recruitment of staff were in place to ensure suitable

Summary of findings

employment and the protection of people against the risk of abuse. Sufficient staffing numbers of highly trained and experienced staff were provided by the service to ensure the needs of people were met. A rolling training programme was in place, which focused on providing the company's mandatory training as a minimum standard, with additional supporting, academic qualifications and training offered.

Good caring practice was observed over both days of the inspection. People and their relatives said they were very pleased with the support and care provided. They advised that they were involved in the development and reviewing of their plans of care. These were well documented, detailing individual preferences well and reflective of the person's needs. Risk assessments specific to the person were contained in files, with guidance on how to manage these risks should they occur.

Outstanding responsive practice was illustrated during the course of the inspection. The service went above and beyond in trying to respond to people's needs. Where people were unable to access the community for activities that they enjoyed, the community was brought to them. We found numerous examples of this, observing three different activities, specifically designed to engage people collectively. Relatives provided further examples of how the service had exceeded their expectations in responding to the needs of the people.

Staff and people reconfirmed observations of good communication. The service offered an open door policy, giving people, staff and visitors the opportunity to speak with management at any time. People told us that they were treated with respect, at all times. Staff always ensured they preserved people's dignity when working with them.

People were supported by a team of staff who were competency checked prior to being given responsibility for the administration of medicines. Medicines were kept and managed securely. During the inspection we were unable to find protocols for the administration of PRN (as required) medicines, these were discussed with the manager, and we were assured that these would be written up, as described to us during the inspection.

People who were unable to make particular decisions for themselves, had their legal rights protected. Best interest decisions were clearly visible in careplans when people were unable to make decisions for themselves or lacked the capacity.The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provides protection legally for people who are vulnerable or may become deprived of their liberty.

The quality of the service was monitored by the provider. Feedback was obtained from people, visitors, families and stakeholders and used to improve and make any relevant changes to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were kept safe from abuse by a staff team who understood how to report any concerns that they had.

Risk assessments and emergency plans had been completed for people.

The provider had a comprehensive recruitment procedure in place. People were kept safe by highly trained and qualified staff.

Medicines were managed and administered safely.

Good

Is the service effective?
The service was effective.

People and when appropriate their relatives, were involved in making decisions about their care.

Choice was offered to people during care delivery. Meals and drinks were offered throughout the day and reflected the person's choice.

Staff were supervised, appraised and trained regularly.

Good

Is the service caring?
The service was caring.

Staff worked respectfully and in a caring manner. People's dignity was maintained and choice was respected.

People's individual needs and preferences were well understood and recorded.

Good

Is the service responsive?
The service was responsive.

People were engaged in activities within the home and through close integration work with the community. This allowed them to develop relationships outside of the service.

Where people were unable to leave the service their aspirations were fulfilled in the home.

Family ties were reinforced through regular invites to the home for lunch and teas.

Good

Is the service well-led?
The service was well-led.

Processes were in place to monitor the quality of service. Quality assurance audits identified that people were happy with the service, and that opinions were used formulate an action plan to improve the service.

Good

The Coombe 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 18 and 23 December 2015. This comprehensive inspection was completed by one inspector.

Prior to the inspection we contacted the local authority commissioners to obtain feedback on the service. In addition we referred to previous inspection reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise of any significant events that are related to people residing at or the service itself.

We spoke with five people who reside at the service and three family members to gain feedback regarding the care provision. We also spoke with five staff, including the registered manager and four health care assistants. We observed people over lunch and within communal settings, focusing on the interaction they had with one another and with staff.

Care plans, records pertinent to health and additional documentation relevant to support for four people were seen. In addition a sample of records related to the management of the service, for example complaints, compliments, quality assurance assessments, audits and health and safety records were viewed. Six staff recruitment and supervision records were looked at over the course of the inspection.

Good

Is the service safe?

Our findings

Records of 'as required' (PRN) medicines did not provide sufficient information on when these should be administered. This is a document that gives guidance to staff on what action to take prior to offering a person PRN medicines, as well as illustrating signs that PRN needs to be given. This is to ensure that medicines are only given when necessary. The MAR sheet was checked in relation to the frequency of administration of pain relief PRN medicines. This was found not to be a frequent measure employed by staff, illustrating given when requested only. The registered manager was able to describe accurately when PRN medicines should be administered, explaining that people were able to request pain relief PRN medicines independently explaining why they need it, for example a headache. It was recognised that the document needed to be in place, and we were assured this would be completed as a matter of urgency.

People were kept safe by comprehensive recruitment procedures. These included obtaining references for staff in relation to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. The robust recruitment system had been implemented by the management to ensure staff were able to carry out their duties both safely and effectively. Gaps in employment were explained, photographic ID verification, with recent upto date photos were contained within each file. All had been obtained and verified prior to employment being offered.

People and their relatives told us that they felt very safe at the service. One relative stated, "We're very happy with everything here. She's very safe," whilst a person living at the service reported, "Oh I am very well looked after. They do keep me and everyone else very safe. Everything… my things and I are safe." Staff had a comprehensive understanding of safeguarding and whistleblowing procedures. They understood the types and signs of potential abuse. Training records showed all staff had either undertaken or were booked on training in safeguarding people against abuse, and that this was refreshed on a regular basis. Staff were aware of external agencies that should be contacted in circumstances where the staff thought that either the manager or the organisation were involved in the abuse – for example, the police, local authority, safeguarding team or the CQC. One member of staff when asked about reporting abuse stated "Straight away, I wouldn't hesitate." Staff reported that they felt management would effectively deal with any such concerns should these arise.

Medicines were supplied by a community based pharmacist. They were stored safely in a locked medicines cabinet. Medicines were ordered and managed to prevent over-ordering and wastage using a Monitored Dosage System (MDS). Each person's MDS held a copy of their photo, to reduce the risk of error. Medication Administration Record (MAR) sheets were signed and dated correctly, with no medicines errors seen. Audits of the MAR sheets were carried out by staff who were experienced and trained in this particular area, to identify any errors.

Incident and accidents were monitored. Systems were in place for trends to be noted, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents occurring.

People were kept safe by the use of appropriate risk assessments within which proactive strategies were used. This meant that people were not restricted. For example, when a person wanted to go to the community, a comprehensive assessment was carried out highlighting potential risks and how these should be minimised. Where it was identified people were unsafe to go out alone, rather than prevent the community outing people went out accompanied so as to manage the risks better. Personalised evacuation plans had been created for people in the case of an emergency.

All people had call bells located in their bedrooms and in the bathrooms. People assessed to be at risk or unable to reach the calls bells in time were provided with either emergency pendants or bracelets that they had on their body. This enabled them to call for assistance at any time. One person stated, "I know I'm safe as I have my pendant."

All maintenance safety checks were up to date, for example fire systems, emergency lighting and fire extinguishers. The provider had made alterations to the external premises to make these safer for people as they walked or sat outside. Hand rails were being installed to a newly surfaced path that had been covered to prevent people from the elements.

Good

Is the service safe?

Sufficient staff were employed to work on shift with people to keep them safe. Rotas illustrated that any staff shortfalls were covered by the provider's who believed consistency in staffing was crucial for people to feel relaxed and safe. Staff reported, "Yes, there are enough of us working".

The home was very clean and tidy. The kitchen had received a 5 star rating for hygiene which meant that all food prepared was clean Personal protective equipment (PPE) such as gloves and aprons were available for staff to use as required. Colour coded systems for cleaning products and kitchen equipment were visible in the home. This reduced the potential risk of cross contamination.

Good

Is the service effective?

Our findings

People were cared for by a team of staff who underwent a comprehensive induction process. This included completion of mandatory training and additional training that would be supportive to their role. Before commencing work they shadowed experienced staff until they felt confident to work independently and were assessed able to do so. The training matrix showed that whilst not all manadatory training had been completed for staff, this was booked. The registered manager told us that the competency of the staff team was checked following training – specifically medicine, so that she was confident staff were able to put into practice the learnt theory, and therefore ensure effective care was delivered.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff stated how they asked for permission before doing anything for, or with a person, if a person refused they would return until the person was happy to proceed with completing the task. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. Staff were able to describe why people were on DoLS and the implications for caring for them. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA.

People told us that staff sought consent by asking if they wanted help to do something and gave appropriate explanations. Where this was not possible a best interest decision was made for people who lacked capacity. We found evidence of a best interest decision in one person's files that illustrated a decision that had been made regarding the application of cream. It was found that the person although was being encouraged to remain independent and apply the cream, required staff assistance in application of the cream.This was agreed with the GP as the person had stated they wished to apply the cream independently, however had either failed to apply the cream or applied too much.

People were assisted by a staff team that were effectively supported through staff supervision and annual appraisals. This meant that staff had the opportunity to discuss any issues with their supervisor that may further enhance and strengthen their practice. For example, staff would discuss ways to further their knowledge. Many staff had undertaken NVQs to enhance their knowledge of the sector within which they were employed, as well as gain nationally accepted qualifications. This knowledge was then implemented by staff and shared amongst the team through daily handover and short meetings over breaks.

People were reminded of the meal options one day in advance to allow appropriate preparations to be made,although menus were generally planned during house meetings. Meals were made on site by a chef. People reported, "the food is lovely here, just like eating at home." We observed a meal time and saw people were given generous portion sizes, that they enjoyed. People were able to sit in the main dining room, in their bedrooms or eat in one of the communal spaces. People ate and drank independently, seeking staff assistance only with condiments or specific requests. A list of people's specific needs, likes and dislikes was located opposite the kitchen, at the serving station. This allowed the chef and staff to check foods against the list prior to it being served.

Drinks were regularly offered to people, to keep them hydrated. Five rooms in one of the wings of the service were used to promote semi independent living. Each of these five rooms were designed as a small one bedroom flat containing a kitchenette, ensuite bathroom and lounge come bedroom. People were encouraged to make their own drinks and snacks, with staff assistance should they require this. One person told us, "I don't actually use the kitchen. I should but I don't. I know it's there though."

People's health care needs were met. Records contained within people's files evidenced visits by professionals and recorded the support offered. This included, GPs, chiropody and the local mental health team. If advice or suggestions were made by a visiting professional on how to further support people, this was updated in the care plans. The service was developing hospital passports for people who were at risk of requiring hospital treatment. The hospital passport provides all the essential information in one document for staff to provide to the hospital should someone be admitted.

Good

Is the service caring?

Our findings

The service was caring to the people for whom support was provided. Staff were observed speaking with respect and approaching people with care and compassion. People stated they were comfortable with staff. One person said, "They are very caring. I couldn't ask for more." Another person stated, "They are like family. They really care." The service was calm and peaceful. People could be heard interacting, laughing and singing. Positive interactions between staff and people were observed throughout the two days of the inspection.

People's likes and dislikes were clearly known by the staff. During our interviews, staff were able to describe how people liked to be supported. This information was cross referenced against care plans and found to be accurate. People further reported that staff knew them well and always tried to offer assistance in the way they liked. Care plans were found to be accurate and updated monthly to ensure they were reflective of people's changing care needs.

Relatives of people told us that they thought the service was very caring. One relative told us that they had moved their mother to the service, however as she had progressing mental health issues the service called the family and discussed her care needs. They advised that they would care for her until an alternative placement could be found however did not think it was fair on either their mother, or other people residing at the home as this was not their specialism. The relative went on to state that they appreciated the home's honesty and felt this was reflective of a caring attitude towards both the needs of all the people living at the home, and their mother. Another relative praised the service stating, "They are wonderful here. I can't fault them. I'm going to book my room here!"

People were told that an inspection was underway to enable them to be involved in the process should they choose to be as well as allowing them to know who was visiting their home. This lowered people's anxiety, as they were reassured of the reason for the inspector's presence.

People told us that staff always maintained their privacy and dignity. Before entering their room, staff would knock to check it was okay for them to enter. If people were resting or did not want to be disturbed, staff would come back later. We observed that people were able to get up at the time they wanted to in the morning, as opposed to the time that suited the service. Breakfasts were prepared as people awoke, giving people the independence and right to make choice regarding their life.

When assisting with personal care, people reported that staff would always "make sure I'm covered up". Staff emphasised the importance of maintaining people's dignity at all times. One member of staff stated, "you got to treat them like you want to be treated. You want respect, so do they. It's about making them comfortable and not feeling awkward when we're doing things for them."

Records were maintained safely and securely. This ensured that confidentiality was maintained. If staff needed to speak about a person, they would either go to one of the offices or lower their voice and stand in a corner, discreetly discussing any concerns.

Good

Is the service responsive?

Our findings

People were assessed prior to their admission to ensure the service was able to meet their needs. The assessment also served to establish that their requirements would not negatively impact on people already living at the service. The registered manager emphasised the importance of ensuring the home was able to respond to people's needs appropriately. Where this was not possible, the service would discuss with the person and where applicable the family to suggest a more suitable placement be sought.

Care plans were developed with people or where appropriate their representatives. Information such as their significant history, people important to them, their hobbies, how they like things done, and how they commuinicate their every day needs were included. Care plans were generally reviewed monthly in line with the company policy. However, where necessary they were reviewed more frequently as people's needs changed to ensure staff were able to respond to needs appropriately. These were done in conjunction with people where possible and with family members if required.

Creating an integrated community within the service was an innovative idea the home had presented. For example, they requested people with expertise in specific areas give a speech on their area of specialism, with an open question and answer session to follow. This brought people within the service together and allowed people to develop friendships. For example a person with scientific knowledge was asked to discuss a topic as a follow on from the monthly debates held at the service. The home had an external visitor who attended the home on a monthly basis. This visit would entail a discussion with the residents, around a specific topic of interest. People reported they enjoyed these sessions as they felt it kept their "mind active and lively." The presentation by the fellow resident was in response to one of these visits. Feedback from fellow people was immensely positive and appreciative of the person's knowledge. This generated a talking point within the home, and scope for a follow on session for all to be involved in.

Activities that were of interest and of importance to people were specifically arranged. Where people were unable to partake in community settings, the home brought the activity to the people. For example, we saw evidence of ladies day at Ascot taking place at the service. Staff had responded to the female residents wish to be at the races, as many could not attend, they arranged for the ladies to still feel a part of the event. Hats were hired, formal attire was worn, champagne and strawberries were at the ready. The radio and televisions played live coverage of the events as they unfolded. It was evident from photographs and the memories people shared that this had been an appreciated activity. It illustrated how the service tried to respond to people's needs irrespective of the issues that may prevent them from accessing the community. One lady reported this had made her exceptionally happy. She had not expected the staff to go to so much trouble and effort.

Family and friends were welcome at the service at all times. The service emphasised the importance of a family setting, and replicated this where possible by creating a homely and personalised environment. Bedrooms were decorated with items that people had brought with them, including furniture. Photo albums had been created with people of memories that were important to them. People were encouraged to spend personal time with their relatives and friends either at the service or away from it. Where this was not possible the service encouraged families to share a meal with their relatives at no additional cost.

Over the festive period, the service was anticipating an additional 7-9 family members attending the Christmas lunch prepared by the service for people who were unable to go home. They specifically aimed at creating the traditional setting of a home for people and their relatives. People commended the provider on their insight into responding to their needs during the traditional family period. In addition we saw evidence of local carol singers coming into the service to perform for people, personalised photographic Christmas cards being created for people to send to family and friends. Responsive activities such as these gave people immense comfort during the festive period, and one person said, "They are wonderful here. They've done so much for us for Christmas. My family will be coming, because I can't go home."

The home had a structured communal activities programme. In addition where possible people were offered the opportunity to engage in individual community based activities. However, this often involved staff attending work when they were not scheduled to, so as to ensure activities could go ahead. Staff stated, "We come in and cover where we can. We know it's important to people for us to take them out." Another staff stated, "sometimes it

Good

Is the service responsive?

can take us some time to arrange an activity… the smile makes it so worthwhile." People told us that staff had taken them out recently to a local café. It was evident from the way people relayed their experience that this had had a significant impact on their morale and wellbeing.

Complaints procedures were displayed in communal settings within the home. This clearly outlined who people could complain to if they were unhappy with any element of the service. People and relatives were confident that their complaint would be dealt with if they had one. One person said, "I have nothing to complain about. If I had I would speak with [name], I know it would be sorted." This was replicated by staff comments, "I'd go straight to [name], I'd talk through the issue." The complaints log illustrated that the complaints had been dealt with appropriately. Investigations had been completed and transparency was evident in the responses given to the complainants.

Good

Is the service well-led?

Our findings

The service was a family run business that had been operational for over 20 years. It offered an open door policy to staff, visitors, people and relatives alike. This allowed all, the opportunity to raise any concerns, complaints or compliments with the registered manager at any time. We observed both people and relatives knock and enter the office to have a general chat with the registered manager and extended family. Staff reported that the management were “always at hand, and very approachable.” Another member of staff stated, “You can approach them at any time. They always give you advice. If you have an issue you can raise it. You don’t have to wait until your supervision.”

People benefitted from the honest, calm and open culture of the home. Staff showed an awareness of the values of the service. They spoke about providing the “best care for people”. People and staff told us that the registered manager and provider were involved in delivery of care and services. One person stated that the “personal touch made it more special.” The providers were described by relatives of people as “friendly, lovely people who care for the residents.” Whereas staff described them as “always at hand”.

There was strong evidence of working in partnership with external agencies. For example if upon completing a trends analysis on the number of falls a person had a pattern was found, the service would liaise with the Care Home Support Team. Guidance provided by them would then be incorporated into the person’s care plan to ensure they were supported appropriately with their mobility. In a similar way guidance and advice from other professionals was incorporated into the care of people living at the service.

The registered manager was in the process of developing a working document to illustrate the internal audits of all documents used within the service. This would evidence that the service was being appropriately monitored by the registered manager and provider, therefore ensuring effective goverance and auditing systems are implemented and used. Quality Assurance Audits were completed by the provider annually. The last audits completed in 2015 (February for people and April for families), were very positive in their feedback. They illustrated that the provider and registered manager were willing to take on board the suggestions made and were supportive in their management of the service.

The registered manager had a complaints book that documented all the concerns or issues raised by staff, people, or visitors. Within this we found sufficient evidence of investigations being completed following on from concerns and feeding back the findings to the complainant. This illustrated that the management were transparent in their handling of complaints. We discussed the Duty of Candour (Regulation 20 of the Health and Socal Care Act, Regulations 2015), and found that the registered manager was able to clearly describe the importance of this as well as reflectively illustrate through the documented concerns how this had been achieved.

The communication within the service was good. Staff had short informal meetings during the day, and thorough handovers at the end of each shift. A new document to record the verbal handovers had been developed to ensure all staff were aware of any new information related to people or the service.