

Signature of Coombe (Operations) Limited

Coombe Hill Manor

Inspection report





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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

Summary of findings

Overall summary

Coombe Hill Manor is a care home providing nursing, personal care and support for up to 104 older people. The service has a specialist dementia care unit known as 'Auguste' which can accommodate and care for up to 24 people. At the time of our inspection 89 people were living at the home.

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

This inspection visit took place on 14 and 27 November 2018. Our first visit was unannounced. At our last inspection in 2016 we rated the service Good, with an Outstanding rating in the 'responsive' key question. At this inspection we found evidence to support an improved overall rating of Outstanding.

People using the service and their relatives were very positive about the care and support provided at Coombe Hill Manor.

People were kept safe. There were enough staff deployed to ensure people's needs were being met. Staff had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern.

People received their medicines as prescribed. Any risks associated with people's care were managed well and people were supported to maintain their independence wherever possible.

People and their relatives told us that they received an effective service. People received the support they required to meet their health and nutritional needs.

Staff spoke positively about the support and training they received. Staff members were safely recruited and received an induction to the home. Staff we spoke with were confident that they provided a high quality service to people and said they would recommend the home to others.

We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was exceptionally caring. The registered manager and her staff team were committed to providing high quality compassionate care. We observed excellent relationships between staff and people using the service. Respect and dignity for people was at the heart of the service with people and their relatives consistently saying that staff were very respectful, kind and caring. There was also a strong emphasis on ensuring compassion, dignity and respect at the end of a person's life.

The service continued to be exceptionally responsive to people's changing needs. People were supported to live their life to the full and had access to a wide range of activities, events and facilities. Staff worked creatively to enhance people's enjoyment of life, including tailoring activities to people's needs and creating opportunities for people to still be involved in their local community.

Care and nursing staff and the registered manager made sure people's changing needs were met and strove to ensure people received exceptional person-centred care. People and their relatives concerns and views were listened to and acted upon. Relatives told us the management team was always responsive and approachable.

Individual care and support needs were fully assessed, documented and reviewed at regular intervals. An electronic system for care planning provided a very effective tool for staff to do this.

Good leadership, management and governance of the service supported the delivery of high-quality and person-centred care. The registered manager and provider organisation had effective systems to monitor and improve the quality of service people received at Coombe Hill Manor.

The registered manager kept up to date with good practice and had a clear vision of how they wanted the service to develop and improve.

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 remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service improved to outstanding. People told us that staff were always caring, polite and kind when meeting their support needs. People experienced respectful and compassionate care. Their dignity was promoted throughout their time at Coombe Hill Manor and at the end of their life.	Outstanding ☆
Is the service responsive? The service remained Outstanding.	Outstanding ☆
Is the service well-led? The service remained Good.	Good ●

Coombe Hill Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

Before the inspection we reviewed information we held about the service including a Provider Inspection Return (PIR) and any statutory notifications. Statutory notifications include information about important events which the provider is required to send us. A PIR is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We had also received information from a number of staff concerned about staffing levels in the home and the negative impact this was having on their ability to provide good quality care to the people they supported.

We visited the home on 14 and 27 November 2018. The first day of inspection was unannounced and we told the registered manager that we would be returning a second day. The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with 21 people using the service, two relatives of people using the service, 32 staff members and the registered manager. We looked at three people's care and support records. We also looked at records relating to the management of the service including staff training and recruitment, medicine administration and quality assurance checks. We received written feedback from 10 relatives and one external health and social care professional following our visits.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

Is the service safe?

Our findings

People using the service told us they felt safe living at Coombe Hill Manor. One person commented, "Yes, always having help on hand makes you feel very safe." Another person told us, "I feel safe with the staff." A third person said, "The people [staff] here are always aware of everything."

A relative told us, "The care provided by the staff at Coombe Manor provides piece of mind for all the family." Another relative said, "My [family member] is very happy at Coombe Hill Manor and feels safe and well looked after, which is everything I would hope for at this stage in their life."

People were protected from abuse and avoidable harm. Staff received up to date safeguarding adults at risk training. They were familiar with the different signs of abuse and neglect that people living in an adult social care setting might experience, and the appropriate action they should immediately take if they witnessed or suspected its occurrence. Staff told us the managers continually encouraged and supported them to speak out if they were ever concerned about poor working practices or behaviour. One member of staff said, "I wouldn't hesitate to tell my manager if I saw anyone being abused at the home", whilst another staff remarked, "I was told during my induction to report any bad practice I might see, whatever form it took."

The service took a proactive approach in anticipating and managing any risks to people using services. Staff were aware of risks to people's wellbeing and how to manage them. Electronic assessments were carried out which looked at the risks to people's safety and how these could be reduced. These were completed for areas such as risk of falls, moving and handling, nutrition and skin integrity. Care plans were then formulated to help prevent or minimise the risk of harm to people using the service. For example, where a nutritional risk was identified, care plans addressed the support and monitoring required to support the person's changing needs.

There were enough competent staff on duty to make sure that practice was safe and to respond to unforeseen events. One person told us, "Always someone about." A second person said, "[Numbers of] carers and nurses are sufficient." A third person commented, "Yes [enough staff] but some days you can get them all being off." Other comments included, "I think they have enough staff", "On the whole yes, they are checking people at night", "There are enough for me", "I never have to wait too long for staff to answer my call bell when I use it" and "There always seem to be plenty of staff about when I venture out of my room to eat."

Feedback we received from some staff referred to shortages of permanent staff the home had experienced earlier in the year. One staff member told us, "We were so short staffed at the beginning of the year, but I know we've recruited a lot of new staff lately and you can feel the difference in staff numbers already." Another staff member said, "Things came to a bit of a head earlier this year, what with so many staff leaving all at once. We were at a crisis point, but the managers eventually took us seriously and began addressing the problem. I know they've [managers] recently had a massive staff recruitment drive, so I'm confident we won't have the same staffing issues next year." Other comments included, "The staffing levels are good", "It's fair how many [staff] we have" and, "There's enough on shift. They try their best, they call agency."

The registered manager acknowledged there had been problems with staff recruitment and retention during 2018 and told us about the action they had taken to minimise the risk of similar situations reoccurring. The head of Human Resources (HR) confirmed staff vacancies and reliance on agency staff had now been significantly reduced recently following a staff recruitment drive which meant the service now had only one nurse and 10 support worker vacancies. The service tried to make sure that, where possible, consistent bank or agency staff were used to cover shifts as required.

Managers told us they met weekly to review staffing levels, which included looking at call bell alarm usage, people's changing needs and staff absences. Additional work had also taken place to make sure that staff were aware of the home's current staffing levels and the recruitment taking place to fill any vacancies. For example, a noticeboard displayed this information and a new staff ambassador scheme helped relay this information to the wider staff team.

Appropriate recruitment checks were carried out to help keep people safe. The HR department carried out checks on all prospective new staff including, employment and character references from their previous employers, proof of identity, eligibility to work in the UK, full employment history and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We also saw the provider checked the personal identification number of all nurses employed to working the home to confirm they were registered with the Nursing and Midwifery Council (NMC) and therefore authorised to practice as nurses. The provider continued to carry out DBS checks at three yearly intervals on all existing staff, to assess their on-going suitability.

The service managed medicines consistently and safely. One person told us, "They give me medication every day" and confirmed they could get pain relief tablets when they required them. Another person told us "They come and give me drops for my eyes regularly." A third person commented, "They give it to me every day. The nurse comes every morning."

People's prescribed medicines were securely stored in locked medicine cupboards located within each person's room. Controlled drugs and those that needed to be refrigerated were kept in locked cabinets and trolleys located in the clinical room. We saw medicines administration records (MAR) and the Controlled Drugs register were being appropriately maintained by staff authorised to handle medicines in the home. There were no gaps or omissions on MAR sheets we looked at. Our checks of stocks and balances of controlled drugs indicated people received these medicines as prescribed. Protocols for managing 'as required' medicines were in place, so staff knew when and how to administer these types of medicines.

Staff authorised to handle medicines in the home received up to date training in the administration of medicines and their competency to continue doing this safely was reassessed bi-annually. Medicines audits were routinely undertaken by nurses on a daily, weekly and monthly basis. For example, staff told us checks of stocks and balances of controlled drugs were carried out daily by the nurse in charge of the shift in the unit they were working on.

The service managed the control and prevention of infection well. People told us the home always looked clean and tidy. The service was kept free from any unpleasant odours. One person told us, "The cleaning is done beautifully."

We observed staff appropriately using personal protective equipment after supporting people with their personal care and washing their hands after handling waste. We also saw there was always soap and paper towels in the toilets. Staff had received up to date infection control training and there were clear policies

and procedures in place. Housekeeping, nursing and care staff were all knowledgeable about what practices to follow to prevent and control the spread of infection. For example, staff were aware which bags to use for infection control and how to dispose of sharps safely.

Appropriate systems were in place to minimise any risks to people's health during food preparation. We saw the kitchen was kept clean, and catering staff used colour coded chopping boards when preparing different food groups and checked fridge and freezer temperatures daily. The home had been inspected by the Food Standards Agency (FSA) in May 2018 and been awarded the top food hygiene rating of five stars. It was mandatory for all staff to complete basic food hygiene training.

There were suitable arrangements in place to deal with foreseeable emergencies. Staff routinely participated in fire evacuation drills and received on-going fire safety training. Staff demonstrated a good understanding of their fire safety roles and responsibilities. The Surrey Fire Brigade who had inspected the home within the last 12 months, stated in their subsequent report that they were satisfied with the service's fire safety arrangements.

Maintenance records showed environmental health and safety, and equipment checks were routinely undertaken by suitably qualified external contractors in accordance with recommended guidelines. This included checks in relation to gas safety and electrical installations; portable electrical appliances; fire safety equipment, including fire extinguishers and fire alarms; heating and ventilation systems; water hygiene; passenger lifts; and, the routine servicing of mobility aids. We also saw radiators were suitably covered throughout the home to protect people from the risk of burns.

Is the service effective?

Our findings

People using the service were supported by staff who had the skills and knowledge to meet their needs. One person told us, "Most of them are. The regular staff are very well trained. Sometimes they have agency staff not so well trained." Another person commented, "I find the staff very helpful and very kind and seem very able."

Records showed staff working in the home were up to date with all the training the provider considered mandatory. All new staff received an induction that included shadowing experienced staff on their scheduled visits and completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Existing staff received ongoing training the provider considered mandatory. Records indicated staff had completed training in dementia awareness, moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, fire safety, fluids and nutrition, equality and diversity, basic life support and infection control. Staff demonstrated a good understanding of their working roles and responsibilities.

In addition, nursing staff also completed additional training in the use of specialist medical equipment and health care practices to meet people's more complex health care needs. For example, training in the safe use of syringe drivers, pressure sore prevention and management and catheter care. A syringe driver is a device used to administer a continuous infusion of drugs.

Training was monitored electronically by managers to make sure staff kept up to date with mandatory training and with any specialist training to meet people's needs. Staff at all levels spoke positively about the training they had received. Typical feedback included, "The training I've received since working here has been excellent. I thought my induction was particularly good and prepared me well for the job they expect to do", "All the E-learning and practical training we must complete here is very good" and "I'm up to date with all my training now. Your line manager will be onto you if you don't keep up to date with all your mandatory training."

Staff were given opportunities to review and develop their working practices. The provider operated a rolling programme of regular supervision (one-to-one meetings), competency assessments and annual appraisals where staff were encouraged to reflect on their work practices and identify their training needs. Staff told us they were encouraged to talk about any issues or concerns they had about their work.

We received mixed feedback from people about the quality of the food they were offered at the home, although most people told us the choice of meals was usually good. One person told us, "We eat lunch in the bistro. It's better than it was. We think it's improved." Another person commented, "It varies a bit. Sometimes it's very good, sometimes it's not." Other comments included, "The food can be variable, but the staff always ask me what I want to eat", "They [staff] come to your table and ask you what you want to eat a bit like a restaurant, but the food isn't always restaurant standard to be honest" and "I think the food is alright here, there's plenty of it and you can usually have what you want when you want it." A monthly food

forum had been established to get regular feedback from people using the service around the food provided.

The dining environments were pleasant and the food well-presented. The atmosphere in the home's bistro during the serving of lunch felt relaxed and unhurried. We observed staff go around to each table and ask people to choose a starter, main and dessert course from that day's lunchtime menu, which included a varied selection of choices between a meat, fish and vegetarian main course, two starters and four desserts. This was also people's experience in Augusta where staff provided unhurried and individual support to people living with dementia. Staff used prepared plates of food to offer people choice and supported them at their own pace.

Staff demonstrated a good understanding of people's dietary needs and preferences. Several staff told us nutrition and hydration was regularly discussed during shift handovers and team meetings so they kept up-to-date on how they should be supporting people to eat and drink enough to stay healthy and well. We saw the catering staff prepare a range of soft, pureed and fortified (high calorie) meals for people with specific nutritional needs. A chef told us a light bites menu was available for people to choose from if they wanted to have a hot meal outside the times hot meals were traditionally served. A chef also gave us a good example of a request they had met to prepare someone a cheese sandwich for a person's lunch who did not fancy any of the hot meal options available to them one lunchtime.

The service used technology and equipment to meet people's care and support needs. For example, the electronic care planning system worked in real time with care staff recording information as they worked on handheld devices. The system allowed for a variety of reports to be produced, for example, for handovers, reviews and up to date summary information for a hospital admission.

People said they were supported to keep healthy and had access to appropriate health care professionals when needed. One person told us, "Yes I was able to stay with my own doctor as I used to live quite local." Another person commented, "The doctor makes a regular call every week. If you have got something that needs looking at, they will come. The dentist, optician, chiropodist, audiology." A third person said, "The doctor comes around every week. There is someone coming tomorrow from the opticians."

Needs based coding was used to help make sure people were receiving the correct care at different stages of their illness. The system enabled staff to prioritise care and ensure people needs were met with regular reviews built in to trigger actions. at each stage. The service collaborated with involved GP surgeries by sending the coding of all people using the service to them on a weekly basis.

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, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

Staff completed training about the MCA and understood their responsibilities. Staff assumed people had capacity and supported them to make choices, such as how and where they wanted to spend their time. One staff member told us, "We give residents choice and respect." When people were unable to make a decision themselves, the service consulted with their representatives and health professionals to make sure decisions were made in their best interests. DoLS applications had been made in line with guidance and the registered manager was aware of when these needed to be refreshed.

Is the service caring?

Our findings

There was a strong, visible person-centred culture at Coombe Hill Manor. People using the service spoke extremely positively about the service they received at the home and said staff were friendly, kind and caring. They said they were fully respected and valued as individuals.

One person told us, "I think the carers are quite exceptional really, are very caring and will do anything for you." Another person said, "They are wonderful. Respectful and kind." A third person commented, "There are so many of them. All very kind." Other comments included, "They are all extremely pleasant. They try very hard", "They are lovely. Staff just make this place", "Yes generally very caring especially the young carers" and, "The stars are the carers."

A relative told us, "I can honestly say that every single member of staff who came into contact with me gave me the impression that they knew [person], cared about them and respected them. I refer here not only to the care team but also to those in the laundry team, the cleaning team, the activities team and the restaurant team." Another relative told us, "We are delighted with their care on a number of levels. We believe that consistency of carers (i.e. not an ever-changing line-up of carers) as well as the genuine warmth and patience of the carers towards [person] are of primary importance and this has certainly been the case."

People were at ease and comfortable in the presence of staff. The staff knew people by name and conversations we heard between people and staff were characterised by respect and warmth. We saw several good examples of staff sitting and talking with people in a relaxed and friendly manner. A piano in the lounge had a notice saying, 'play me'. One person was seen playing whilst another person sat and appreciated their performance. There was a café area where people and relatives could help themselves to a biscuit, cake and fruit along with hot and cold drinks and alcohol. This area was heavily used and as people walked past they helped themselves to fruit and biscuits.

Some people living with dementia had experienced loss in their ability to communicate with their friends and relatives. One relative told us how staff had supported them in finding ways to connect with their family member. For example, supporting them to give the person a hand massage when they visited. Some relatives also told us about the support they had from the home. One relative said, "The staff have throughout shown great professionalism, kindness and affection towards us, as well as to our [family member]. Seeing a parent move into a care home and gradually deteriorate is a potentially worrying and guilt-ridden process, so to be able to feel fully confident in the staff and so well supported by them - especially at and beyond the end - has been invaluable." Another relative said, "They told me about dementia. I bought books but they encouraged me." 'Dementia friends' champions had led dementia focus groups for people using the service, family and staff helping to raise their awareness and better understand the condition. The Alzheimer's Society's Dementia Friends programme is an initiative to help change people's perceptions of dementia through the provision of information sessions.

We observed two people in Auguste carrying dolls of babies which they were looking after and taking great comfort from. We watched a staff member offering to look after the baby whilst the person ate their lunch.

They held the doll gently and reassured the person that they were looking after it with the outcome that the person ate their meal without distress. We saw other members of staff using touch to reassure people and they clearly knew people well, using this knowledge to interact positively with the person. For example, talking about family, previous jobs and animals.

The home had received formal recognition as a pet friendly service from the Cinnamon Trust. We saw the manager and some staff brought their dogs to work with their popularity clearly evident amongst some people using the service.

People's privacy and dignity was respected. People told us that staff were polite and treated them with dignity and respect. For example, throughout our inspection we observed staff always knock on people's doors and obtain their permission before entering their room. One person said, "Yes absolutely they wouldn't come in your room unless you say come in." Another person commented, "Yes, they knock on the door...nobody wants to be nosy, they just do what you ask."

In the June 2018 organisational survey of people using the service, over 95% of respondents said that the service respected their dignity, privacy and confidentiality. The provider had four dedicated dignity champions whose role and responsibilities included ensuring staff at all levels knew how to treat people with the utmost dignity and respect they deserved. The registered manager told us they were awaiting delivery of a specially designed badge to help recognise and identify these champions to others.

There was a strong emphasis on ensuring compassion, dignity and respect at the end of a person's life. When a person had passed away, their photograph was displayed with the consent of the family close to the entrance of the home. When the undertakers arrived, they were escorted by a designated staff member to the room of the deceased person to collect them. The staff member supported the family and walked with them out of the home. Staff stood guard as a silent sign of respect with a favourite song playing as the person then left the home for good.

A relative told us, "I would say that this home gave my [family member] a sanctuary in which to make the most of the last two and a half years of his life and gave them an environment of dignity and respect until, and beyond, their final breath. I cannot commend them to you highly enough." Another relative commented, "The care and compassion and professionalism was excellent and the care for our family after [family member] died was excellent." A third relative talked about the staff lining up as their family member left the home saying, "The whole situation was handled with dignity and respect." Another relative spoke of the 'dignified departure' which they found very moving.

Staff were confident about the quality of care being provided and felt able to recommend the home to others. One staff member commented, "I like the standard of care here. It looks good and it feels good." Another staff member said, "It's like a family here."

People living in the home could maintain positive relationships with people that were important to them. For example, during lunch we observed a person who lived in the home and their visiting relative enjoy lunch together, which staff confirmed was a regular occurrence in the Bistro. We also observed several instances of staff warmly greeting people's visitors when they first arrived at the home.

A relative told us, "When I visit my [family member] I feel part of an extended family, the staff are always welcoming and encouraging. I can spend time with my [family member] knowing that help is on hand and I am able to join in with the wonderful range of activities and entertainments provided." Another relative said, "Access to my [family member] was always easy, friendly staff and both restaurants served great delicious

food in a warm location."

Staff encouraged people to be as independent as they wanted and could be. We saw people had a designated lockable space in their rooms where they could keep their prescribed medicines. Staff told us people were encouraged and supported to manage their own medicines where they were assessed as willing and capable of doing so safely. We saw a working Royal Mail post box was available on the ground floor, which meant people had the option of posting their own letters whenever they wished.

The service was exceptional at helping people to express their views so that staff and managers at all levels understood their views, preferences, wishes and choices. In addition to the main residents' forum, other forums had been established to enable people to work with staff and managers to influence quality in different areas. For example, a food forum, a house keeping forum and an activities forum were held regularly to obtain people's views. Regular surveys were used to get the views of people, relatives, staff and external professionals and these were acted upon. For example, the housekeeping forum was established following feedback in surveys.

People were also supported to stay in touch with family and friends through digital technology. A staff member organised and held regular sessions to help people use their tablets and computers to email, text, and make video calls. A person using the service had recently nominated the staff member for a recognition award for the 'cyber senior' help they had received from them. A relative's gateway for the electronic care planning system enabled authorised family members to see summaries of care records and this system could also be used to send emails and share photos.

Is the service responsive?

Our findings

People's needs were met through the way the service was organised and delivered. One relative told us, "[Family member] was a very independent feisty lady and was able to live life just the way she wished with total support and care when it was needed from every level of the staff." Another relative said, "[Family member] is a very independent woman and I worried greatly that she wouldn't settle and the family would have big problems with how we would care for her. Because of the very friendly forward nature of all the staff she really likes her new home and has settled in perfectly. I haven't seen the inside of many nursing homes but can't imagine there are many like this one."

A third relative commented, "Their ability to tailor the care they offered to the needs of the resident at whatever their stage of dependence and to recognise and react to minor day to day variations in that level of care was most impressive. With great tenderness, patience and tact they gently took over care of their medication; of their personal hygiene; of their eating; of their drinking and, finally, of their end of life."

People's individual needs were regularly assessed and responded to. A pre-admission assessment was completed that staff used to discuss with the person and/or their representatives about the support they required. Electronic assessments and care plans were then completed and developed as the staff got to know people and their support needs better. The system in place flagged important information to staff such as, for example, an identified high risk around a person's food and fluid intake. There were 'must do's' indicated on the system for each person reminding the staff member responsible.

The electronic care planning system allowed for easy interrogation, enabling managers and staff to access a variety of useful reports such as summaries for hospital admissions, food and fluid intake and a person's daily health and wellbeing. Staff maintained records on handheld devices documenting the care and support delivered and this information was uploaded to the main care planning system in real time. This allowed the information to be shared with the staff team quickly and easily to ensure continuity of care and that no important information was missed. Examples were seen where the system flagged to staff when someone's nutritional intake was being monitored or where people had not taken enough fluids.

People's needs were regularly reviewed and any changes in care automatically reflected on the handheld device. This helped to ensure that staff had easy access to the most up to date information about people's needs. Staff could easily access a person's care records if they were not sure about how to support the person or check if the person's needs have changed.

People were supported to pursue activities and interests that were important to them. One person told us, "I do yoga, walk in the garden and take other exercises." Another person commented, "I read [in the home's library]. I've been to the cinema. There are church services but I don't go." A third person said, "I go for a walk and meet friends around the corner. There are certain things happening everyday - various activities we can go to. They do provide trips like shopping trips. The mini bus takes us there." Other comments we received included, "I'm never bored here. I particularly enjoy joining in the discussions at the politics club", "I love making things in the art and craft groups" and "I really enjoy all the live music we have here."

One relative told us, "We have also been hugely impressed by the wide variety of activities, such as a visit to a lavender farm, a visit to memorabilia museum, hand massages with essential oils, to name just a few, all providing wonderful sensory stimulation, as well comforting nostalgic recollections. The activities are very inclusive and endeavour to keep our [family member] thoroughly engaged despite their dementia." Another relative commented, "[Family member] enjoyed taking part in the many activities which were available, particularly those with an emphasis on art; they visited galleries and attended many talks about particular artists or musicians."

People using the service had access to two restaurants, lounge areas, a café, a library, activities room and cinema. Entertainers including musicians and singers regularly visited the home to perform. One person said they were particularly fond of an opera singer who regularly sang at the home. Another person now hosted their book club regularly in a lounge, allowing this regular event to continue for them after they had moved in to Coombe Hill Manor.

There was a strong awareness of best practice, innovation and going the extra mile to meet people's individual needs. For example, a newer innovation brought to the home was a 'magic table' system. A magic table is an interactive light system designed for people living with mid to late stage dementia. A sensory room was also in the final stages of being completed in Augusta created with specialist input and a workshop involving people and their families. Skype was used to help people connect with their family members and visual displays could be used to display photographs and projections.

The service was actively involved with other community resources. The home hosted a regular play group with toddlers interacting with people using the service. We observed people enjoying a session with laps full of toys that the children kept giving them. One child ignored the toys and was playing with a huge cardboard box which had people laughing. Both groups were enjoying each other's company. The children clearly knew some people and were at ease with each other.

Relatives told us that the service communicated well with them and responded to any requests for information about their family member. People using the service and their relatives felt confident that, if they complained, they would be taken seriously, and their complaint or concern would be listened to. We saw electronic records were kept of any concerns or complaints with clear actions and timescales recorded.

One person using the service told us, "If I had complaints there is always someone you could talk to and discuss things." Another person said, "Yes I would speak to [registered manager]. She's the manager but I have never had a complaint."

One relative said, "The management team are very approachable, willing to assist with my requests and finding practical solutions. In particular the General Manager has an 'open door' policy which I have found helpful whenever I have needed to discuss my [family member's] personal matters or concerns."

People's beliefs, religion and diverse backgrounds were respected. Multi faith services were held in the home and there was a special bus service arranged to the local Roman Catholic church. When a person entered the end of life stage, staff would arrange for a representative of choice to administer their final ceremonial rights. A Shiva [memorial service] was hosted at the home for one person from the Jewish faith. Dietary changes were made where required respecting culture and religion. For people from an Islamic or Jewish background, the kitchen was notified of any special dietary requirements. LGBT+ notices were displayed to help ensure there was appropriate staff support available and this had been discussed with people using the service.

The service was in the process of gaining accreditation with the Gold Standards Framework (GSF). The Gold Standards Framework is a professional accreditation awarded to care homes in recognition of their high-quality end of life care practices. The registered manager had made end of life training available for all care staff as well as nursing staff at the time of our inspection.

Is the service well-led?

Our findings

People told us they received care of a high quality that met their individual needs. A person using the service said, "I'm happy here. Couldn't wish to be anywhere else apart from home." Another person told us, "There is no where I would rather go. I did a lot of research. They don't hide anything here." A third person said, "I don't think there is much we can fault."

One relative commented, "I describe Coombe Hill to friends as 'on a par with a 5-star hotel' for its ambience, quality of facilities and the warm welcome I always receive from staff." Another relative told us "I couldn't have asked for more and would recommend Coombe Hill Manor to any family looking for the best care home for their loved ones." A third relative said, "Coombe Hill Manor is, in my opinion, having been a GP for 30 years the best nursing home I have ever come across. It is at a different level which is why I selected it for my [family members]."

An experienced registered manager was 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.

The registered manager set high standards and there was strong governance in place to ensure these were maintained. People and their relatives told us that the service was consistently well-led. One person commented, "Yes [well-led] all round. They are very approachable." Another person said, "I know who she is [the registered manager]. I see her walking around." A third person told us, "You can see she's very good. I can't grumble about it."

One relative told us, "Management is not aloof, it's here right in your face!" Another relative said, "[The registered manager] and her team were outstanding." A third relative commented "There is clearly an open door policy at Coombe and I have always been able to meet with staff to ask questions and to seek support, reassurance and even a hug!" A fourth relative told us, "All the general managers are friendly and I think that is the key."

Staff were motivated and proud of the service. They were confident of the high quality of care provided at Coombe Hill Manor. One staff member said, "I have a vision [of high quality care]. My manager shares that vision. She supports me in everything I do." Another staff member commented, "I have recommended it to others." A third staff member told us, "Its fabulous here. Amazing." They said managers and senior staff were available and they felt supported.

A recognition scheme enabled staff to be nominated for awards recognising when a member of the team had gone the extra mile. People, families and their peers were encouraged to nominate staff. Pictures of staff were put in the residents' forum minutes to help people know the staff who had been recognised for their good work.

There was clear oversight and scrutiny of the service. We saw there was a rolling quality assurance programme in place which involved managers and staff routinely carrying out a range of audits to constantly monitor the quality and safety of the service they provided. For example, we saw the provider used an electronic system to monitor staff training which automatically flagged up when staff training or DBS checks needed to be refreshed or if staff were overdue a supervision meeting with their line manager.

Senior organisational managers visited regularly to further ensure the quality of the service. This included reviewing care plans, medicines management, safeguarding and complaints, staffing and health and safety checks. Any areas requiring improvement were reviewed at the next quality visit to ensure appropriate action was taken to address the concerns.

Any adverse incidents were logged on a computerised system monitored by the organisation. Any highlighted issues were then reviewed, discussed and action taken as required. We saw different examples where changes had been made following incidents or accidents to help make sure people using the service were kept safe. For example, we saw that additional equipment had been purchased to further make sure of the safety of one person following an incident.

The home subscribed to a dementia journal that was given to the dementia team with extracts taken and shared with the rest of the home. The registered manager showed us articles from other journals and sources that they prepared to share with managers and staff during handovers and other meetings. Work was almost completed for Coombe Hill Manor to be able to gain accreditation as part of the Gold Standards Framework (GSF). The GSF is an evidence based approach to optimising care for people approaching the end of life.

The registered manager and other senior staff regularly attended local forums for care homes and took part in new initiatives such as the 'red bag' helping to keep people's belongings and important information with them if they went in to hospital. The service was also participating in 'project echo' with a local hospice with learning and networking meetings taking place via video conferencing.

Staff at the home had been recognised nationally through care sector awards. A home chef had won the care chef of the year award in 2017 and activities staff had been recognised for their excellence by winning both national care and dementia care awards in 2018.