Astley Care Homes Limited

Comberton Nursing Home

Inspection report

2 King William Street
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West Midlands
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Tel: 01384262027

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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?	Requires Improvement

Summary of findings

Overall summary

About the service

Comberton Nursing Home is a residential care home providing personal and nursing care to 32 people aged 65 and over at the time of the inspection. The service can support up to 36 people.

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

People were supported by staff who knew how to identify, and report concerns of abuse. Risks to people's safety were managed well and there were sufficient numbers of staff to support people. Medicines were given in a safe way and there were effective infection control practices in place.

People were supported by staff who had received training relevant to their role. People's dietary needs were met, and people also had access to healthcare services where required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt staff were kind and caring. Staff were seen to treat people with dignity, provide choices and promote people's independence.

Staff understood people's likes, dislikes and preferences with regards to their care. People's end of life wishes had also been explored. People gave mixed feedback in relation to activities, but staff were seen to spend meaningful time with people. Complaints made were investigated and resolved.

Records kept for people who were receiving short term care lacked detail and had not consistently been updated where people's needs changed. There were audits in place to monitor the quality of the service. People were given opportunity to feedback on the quality of the service and told us the service was well led.

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

Rating at last inspection
The last rating for this service was good (published 25 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Comberton Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector, an assistant inspector and a specialist advisor who was a registered nurse.

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

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

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff as well as the nurse and the registered manager. We 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.

We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe and staff spoken with understood their responsibilities in reporting any concerns of abuse. One member of staff told us, "We would tell the nurse in charge [if we had a concern] or if it was really serious, we could go straight to [registered manager]."

● Where concerns had been raised, the registered manager had responded appropriately to ensure people's safety. This include reporting concerns to external agencies where required.

Assessing risk, safety monitoring and management

● Risks to people's safety and well being had been assessed. There were risk assessments in place that detailed how staff should support people to remain safe and staff knowledge reflected this information. For example, where people required support to have their nutrition or medicine via a PEG, this was clearly recorded, and nursing staff were aware of how to do this safely.

● Staff were aware of the action to take in the event of an emergency such as fire.

Staffing and recruitment

● People did not always feel there were enough staff to support them when needed. One person told us, "We have to wait to go to the toilet." We spoke with the registered manager about this who informed us they were aware some people felt they had an extended wait for support and they were in the process of addressing this with people directly. The registered manager was also currently recruiting for an additional nurse staff in response to the feedback.

● We saw where people required support, this was being provided in a timely way. Staff were available within communal areas at all times for people who required assistance.

Using medicines safely

● Medicines were managed safely. We saw medicines had been stored safely and records indicated people had received their medicine as required.

● Nursing staff were seen to support people to take their medicine in a safe way. This included informing the person it was time for their medicine and staying with them while they took this.

Preventing and controlling infection

● There were systems in place to prevent and control infection. We saw that the home was clean, tidy and odourless. Staff were seen to wear personal protective equipment where needed.

Learning lessons when things go wrong

● The registered manager was keen to learn when things had gone wrong. Where accidents and incidents occurred, the registered manager analysed the incident to reduce the risk of occurrence and ensure people's safety in future. For example, following a person's injury, the registered manager's investigation found an issue with pressure relieving equipment and contacted the manufacturer to address this for all people; ensuring similar incidents would not reoccur.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs had been assessed prior to them moving into the home and then reviewed regularly. These assessments considered any protected characteristics under the equality act. For example, people had been asked about any religious needs they had.

Staff support: induction, training, skills and experience
● Staff told us they received an induction to the service that included completing training and shadowing a more experienced member of staff. Staff then had access to regular updates to their training to maintain their knowledge. Staff spoke positively about the training they were provided with. One member of staff told us, "There is training on all the time. It is all done face to face and updated regularly."
● Staff told us they were able to request additional training to support them in caring for people effectively. One member of staff said, "The training is quite good, it covers everything, but I could ask [registered manager] for more if needed."

Supporting people to eat and drink enough to maintain a balanced diet
● People gave positive feedback about the meals provided. Comments made included, "The food is very good" and, "Even though [person] needs their food softened, it looks like food, its all well presented."
● People were given choices at mealtimes and had their dietary needs met. Where people required specific dietary needs, these were recorded and staff we spoke with knew of these.
● Where people required support to eat, this was provided in a supportive and discreet way by staff.

Staff working with other agencies to provide consistent, effective, timely care / Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare services. Records we viewed showed people had been supported to access services including opticians and speech and language therapies.
● The registered manager worked closely with the local Clinical Commissioning Group to support people on a short term basis while their care needs were assessed for a longer term placement. This ensured people could receive support within a home environment rather than in hospital. We saw for these people, the registered manager worked closely with other agencies to ensure people's healthcare needs could be met. This included physiotherapy, tissue viability nurses and occupational therapy.

Adapting service, design, decoration to meet people's needs
● The design and decoration of the service met people's needs. The communal areas were large and

spacious. People's bedrooms were decorated with items of personal significance to them. There was also sufficient outdoor space if people wished to use this.

Ensuring consent to care and treatment in line with law and guidance
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. 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 found they were.

● People told us staff sought their consent prior to providing their support. Staff also demonstrated an understanding of how to gain consent from people in a way they will understand. One staff member told us, "We speak with people before helping. If they say no, we record it and let the nurse know." Staff spoke about the non-verbal cues people gave to indicate they did not consent and understood that this meant they should not support the person at that time. One staff member told us, "[Person] will do a wiggle for yes, or pout at you if it's a no."
● Where people required DoLS authorisations, these had been applied for appropriately.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring to them. Comments included, "Staff are really good with [person], they are patient and always make him comfortable" and, "The service is good because the staff are kind."
- Staff spoke about people in a compassionate way and we saw numerous examples of positive relationships between staff and people. For example, we saw one person ask a member of staff to plump their pillow. Despite being in the middle of another task, the staff member took time to take each pillow, plump them and have a discussion with the person at the same time. The staff member acted to make sure the person felt both comfortable and important to them.

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

- People told us they were supported to have choice and we saw this was the case. We saw people were given opportunity to choose what they would like to eat, where they wished to spend time and what they would like to have on the television. In each instance, staff provided people with the options and ensured they had time to make their decision.
- Staff members gave us examples of how they ensured they gave choices. For example, staff knew about how to best communicate with a person who has communication difficulties. The staff member explained how the person does not like staff to stand on a specific side, and so they avoid that to promote more effective communication.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity. One relative told us, "Yes, [person] is very much respected." We saw examples of people being treated with dignity including, people's laps being covered with a blanket while being supported in a hoist, staff knocking on people's doors prior to entering their room and staff using people's preferred names.
- Staff gave us examples of how they supported people to maintain their independence. One staff member told us, "For example, we will give people their own flannels and toothbrush and allow them to do this independently if they can."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People told us staff knew them well and staff we spoke with demonstrated an indepth knowledge of people's likes, dislikes and preferences with regards to their care. For example, staff were able to provide a list of songs that one person likes staff to sing in order to reassure them when they were distressed. All staff spoken with were aware of the person's songs and when they should sing these.

● Records held personalised information about people. This included whether people had a gender preference when it came to having support with personal care, favourite foods and whether they practised any religion. Where people did follow a particular faith, this was encouraged. One person told us they were visited regularly by their Methodist church so they could continue practising their faith.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Some people living at the home had a sensory impairment. For these people, records clearly detailed how staff should support them in relation to this. Details of the person's sensory impairment was noted throughout care records so staff were aware of how to support the person in line with this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People mostly enjoyed the activities available to them. However, some people told us they were at times bored. Comments about activities included, "[Person] is limited on what they can do, but they will have a laugh with the staff, watch television, and they bring him his newspapers", and, "There is an activity girl, but when they are not here there is nothing to do."

● We saw there was a lack of activities for people during our visit. However, the registered manager informed us this was because the activity coordinator was on leave so formal activities were not in place. We did however, see staff sit with people and have discussions, read papers with them and discuss what was on television. Photo's displayed around the home showed people had been supported to take part in activities that included arts and crafts.

Improving care quality in response to complaints or concerns

● People told us they knew how to make a complaint if needed. One relative told us, "We were told how to complain but I have never had to."

● Records held in relation to complaints show any complaints made had been investigated and resolved. The outcome of complaints had been shared with people.

End of life care and support

● Where people needed support at the end of their life, there were records in place detailing how the person should be supported to remain comfortable and have any specific wishes respected. For people who were not in receipt of end of life care, their wishes had still been explored so that these could be acted upon should the person require.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records in relation to people's care were not consistently detailed and had not always been updated to reflect changes in their care needs. People who were at the service for a short period only, their records lacked detail in relation to the support they needed. We spoke with the registered manager about this who informed us this was due to people moving into the service at short notice. The registered manager then advised these plans would be updated throughout the persons stay, however we saw this had not always happened. One person had been seen by tissue viability nurses and as a result, required some changes to the care of their skin. Although staff had been taking this action, it had not been reflected within the care records. The registered manager advised she would speak to the provider about ensuring records for people who were only at the home for short periods were detailed and updated as required.
- There were systems in place to monitor quality. The registered manager completed audits including medication and nutrition. Where areas for improvement were identified in these, an action plan had been completed to ensure improvements were made.
- The registered manager had met the regulatory requirements of their role. They had submitted notifications to us as required when incidents occurred and their rating from their most recent inspection was displayed in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives knew who the registered manager was and spoke positively about how the service was led. One person told us, "The [registered] manager is always available and floating around and comes to speak with all residents." We saw the registered manager was visible around the service and made time to speak with people. People were visibly comfortable and relaxed in her company.
- Staff morale was high and staff told us they felt supported by the provider. One member of staff told us, "If we had a problem, we know we could go to [registered manager] and she would support us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted upon their duty of candour. Where incidents occurred, these had been investigated and shared with the relevant people and external agencies where required.

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

● People told us they were supported to provide feedback on the quality of the service. One relative told us, "They came around and asked us what we want and what we think." Where people had given feedback, the registered manager had tried to work with people to act on these.

● Staff told us they were supported to provide feedback via staff meetings. Staff said these took place frequently and any feedback given would be acted on by the registered manager.

Continuous learning and improving care / Working in partnership with others

● The registered manager displayed a commitment to working with others to improve care. The registered manager was taking part in a number of schemes organised by the local authority to improve outcomes for people; including a 'red bag' scheme that would improve communications with hospitals, and a short stay service to support people to leave hospital and be assessed within a homely environment.