Praxis Care

Coombe House

Inspection report

54 Broomfield Rd
Kidderminster, DY11 5PH
Tel: 01562 824 770
Website: www.praxisprovides.com

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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 on 27 November 2014 and was unannounced.

The service provides a residential service for people requiring nursing or personal care. Accommodation for 12 people with Learning Difficulties or who are on the Autistic Spectrum is provided. There were 12 people living at the home when we visited and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe and relatives told us they felt their family members were safe. Staff were also able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs. People received their medicines as prescribed and at the correct time and medication records (MARS sheets) were accurate and up to date.

Summary of findings

People's privacy and dignity were respected. Families told us their relatives received consistent care.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. At the time of our inspection no one had a (DoLs) application in place.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment. Advice and guidance to support their health needs was sought when needed.

People were sufficiently supported to eat and drink to keep them healthy. People had access to a range of snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided.

Staff were provided with training through a variety of methods and were able to demonstrate how they had benefitted from the training by supported people, with a clear understanding of what was required to care for someone safely without in any way restricting their freedom. The registered manager told us that all staff received training and training requirements were regularly audited.

People were positive about the care they received and about the staff who looked after them. This was supported by the records we reviewed and our observations throughout the day. People's care and activities provided were tailored to their individual needs and preferences and staff responded positively to meeting those needs. Staff and relatives told us that they would raise concerns with the nursing staff, senior staff or the registered manager and were confident that any concerns were dealt with.

The provider and registered manager made regular monthly checks to monitor the quality of the care that people received and looked at where improvements may be needed. The manager demonstrated accessibility for people and her team by regularly popping out of her office and chatting to people. Relatives told us that care and communication from staff was consistent and open.

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 felt safe and staff clearly understood what was required to keep people safe. Adequate risk and reporting systems were in place and sufficient staff were on duty to maintain a safe service. Staff managed medicines effectively.

Good

Is the service effective?
The service was effective.

People's needs were assessed and care plans written in detail so that staff had the guidance they needed to support people's individual needs appropriately.

Staff were trained in the Mental Capacity Act 2005 and decisions were made in people's best interests.

Staff received training to help them carry out their roles effectively.

People were provided with a healthy diet and were provided with a choice of nutritious food.

Good

Is the service caring?
The service was caring.

People had positive relationships with staff and people and their families were included in decision making. People's dignity and respect was maintained.

Good

Is the service responsive?
The service was responsive.

People received care that was appropriate for their care needs. Care plans were robust and reflected the individual care needed.

Complaints and compliments were collated, analysed and lessons learnt were incorporated to improve systems within the home.

Good

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

There were systems in place to assess the quality and safety of the service provided.

The staff were well supported by the manager and there were good systems in place for staff to discuss their personal development, performance management and to report concerns they might have.

People who used the service were provided with opportunities to express their views and opinions about how the service was provided.

Good

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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.

Date of the inspection please

The inspection took place on 27 November 2014 and the inspection team consisted of two inspectors.

Before our inspection we looked at and reviewed the provider's information return. This questionnaire asks the provider to give some key information about its service, how it is meeting the five key questions, and what improvements they plan to make. We also looked at the notifications that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as an accident or a serious injury.

As part of the inspection, we spoke with three people who lived at the home and four relatives. We also spoke with four care staff and the registered manager.

We observed care and 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 looked at two records about people's care, staff duty rosters, complaint files and audits about how the home was monitored.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and the staff treated them well. One person said, “I think I’m alright”. A relative that we spoke to also said, “Yes he’s safe. Absolutely, no concerns whatsoever.”

Staff we spoke with told us how they would respond to allegations or incidents of abuse and who to report these to. One staff member said, “I would report it (to the manager)”. Another staff member said “Quite often, we report things to the qualified (nurses) staff”. Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. They were also aware of external bodies that concerns could be reported to. This demonstrated that staff knew how to protect people.

During our observations, we noted that staff had a good understanding of people’s individual risks. For example, during lunch time, one person had received a full lunch but was at risk of becoming ill if too much food was consumed. The person required and received distraction techniques. Care plans ensured staff had information to keep people safe and staff stated that they read care plans to monitor updates in care needs. Where a risk had been identified, the care plans detailed how to minimise or manage the risk. For example, we saw that one person’s risk of falling had increased. Steps had been put in place to minimise future risks of falling without restricting their freedom. This meant that staff understood individual risks and managed risks to protect people and support their freedom.

The registered manager reviewed the number of staff needed to meet the needs of people who lived at the home. The care staff were supported by the registered manager, catering, administration and housekeeping staff. We saw that staff were available to support people when they needed assistance. For example, staff were able to sit and read with residents.

During our inspection we observed a medication round and spoke to people about their medicines. People told us that staff looked after their medicines for them and that they were happy for them to do so. People’s medicines were up to date and had been accurately recorded on the Medication Administration Record (MAR) sheet. During our observation staff offered people their medicine. People were supported with instruction and encouragement. We spoke with staff on duty that administered the medicines. They told us about the people, their medicines and when people needed them. Medication was appropriately stored and disposed of. The manager and staff told us about competency checks to ensure that they were capable of administering medication safely. This meant people’s risk when receiving medication was minimised.

In addition, where people had been prescribed medicines as and when required, there was guidance for staff to follow on administering them. For example, we checked care plans which detailed how often people could use them and any limitations on their use.

Good

Is the service effective?

Our findings

People told us they liked the staff and received the care they needed. One person said "I know what I want. I can get what I want….I bought a coat and I bought an Advent Calendar." During our observations staff demonstrated that they had been able to understand people's needs and had responded accordingly. For example, one person became unsettled and staff were quick to respond by reassuring the person and comforting her. Another relative told us, "He's so much calmer and content, because he's handled the right way, which proves they're getting it right."

We spoke with two staff and they told us that they felt supported in their role and had regular one to one meetings with the registered manager. One said, "Supervisions, appraisals. They're two way conversations". Another said she felt well prepared for responding to people's care needs, particularly when a person's health had deteriorated, "As a team we have dealt with all the changes." Staff felt supported and told us they received regular training and future training courses had been booked. The registered manager showed how they kept their staff knowledge up to date with training. They carried out audits of training needs which ensured all staff were offered the training they required to ensure people received effective care.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made appropriate assessments. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests and recorded appropriately. DoLS ensures that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation. All staff we spoke to demonstrated an awareness of the MCA and DoLS and had received training on the subject.

People that we spoke with told us they enjoyed the food and were always offered a choice at meal times. One person said, "I get what I want. I have a sweet tooth!" All relatives that we spoke with were happy with the food and choices provided. We saw that people received drinks and meals throughout the day in line with their care plans. For example, people received a soft diet or were supported to eat their meal. We observed how people were supported over the lunch time period. We saw that people had been given a choice of food and drinks. People were also encouraged to make a decision using a variety of methods, as not everyone was able to speak and some people had limited methods of communication. For example, care staff showed people the food on plates and observed people's response to the food presented. This meant that people were supported to maintain a balanced diet.

We looked at two people's care records and saw that dietary needs had been assessed. The information about each person's food preferences had been recorded for staff to refer to including likes and dislikes. Care files we looked at, and what people told us meant that staff had the information available to meet people's nutritional needs.

Staff told us that they reported concerns about people's health to the qualified staff on duty, who then took the appropriate action. For example, contacting the doctor for an appointment if they felt that a person was unwell. This was evidenced in care records and staff handover records which demonstrated that people's health needs were regularly reviewed. Care records showed people accessed health services such as the optician and dentist. This meant people were supported to access healthcare services.

Good

Is the service caring?

Our findings

People were comfortable and relaxed in their home. We saw that people were confident when approaching staff for requests for support. One relative told us, “They love her and she loves them.” Relatives told us their family member was, “Very happy. That’s her home” and, “Every occasion we have visited, we have noted the other residents, and they are all very, very happy.”

When staff provided care and support to people they spoke with kindness and were sensitive with the person they supported. For example, where appropriate, staff supported people to move independently, they offered encouragement and did not rush them. People with physical or sensory needs were supported by staff that used tactile reassurance. Therefore staff responded positively to requests for help and assistance.

Staff had a good knowledge of the care and welfare needs of the people who used the service. When we spoke with staff they told us about the care they had provided to people and their individual needs. One member of staff said, “I read the care plans”. Another staff member said, “I try and build a relationship with the families”. Family members told us they were involved in their relative’s care, for example staff would telephone them and advise them of any changes in care needs. People also benefited from staff sitting with them and engaging with them about the TV programmes they were watching or books they were reading. This helped to develop positive relationships between staff and people.

People were involved as much as possible in making decisions about their care and treatment. We saw in people’s care records that they had expressed choices about their care or information had been gained from relatives. For example, people had been involved in decisions about the choice of menu. Relative also told us about how they were very much involved in the care planning for their relatives. For example, one relative told us she had queried a historic DNAR (Do Not Attempt Resuscitation) on file. The relative told us that by speaking to staff about the issue, “They put my mind at rest.”

Staff told us and we saw they were fully informed with any changes to people’s care needs. Staff discussed the care and support for people daily during handovers and the senior staff made changes to people’s care records where necessary. This ensured peoples care records were up to date and reflected their changing care needs.

Staff supported people to maintain their dignity and independence. For example, we saw that staff always knocked on people’s doors before entering their bedroom and ensured doors were closed when providing personal care. Plate guards had been used to promote their independence at meal times. People told us they go shopping and buy their own clothes. This meant people’s dignity and respect was maintained.

Good

Is the service responsive?

Our findings

We observed that people had their care needs and requests met by staff who responded appropriately. One relative said, “When they [staff] say they’re going to do something, it’s done.” Another relative told us, “They are really on the ball and do their best to make her life better.” The wishes of people, their personal history, the opinions of relatives and other health professionals had all been recorded. Staff responded in a timely manner to requests for help and assistance. For example, people were supported to walk to the bathroom throughout the day. This meant that people received care that met their needs.

People told us and we observed that they got to do the things they enjoyed which reflected their interests. People we spoke with remembered the different activities that they had done. For example, writing Christmas cards and shopping for presents. Other regular activities that took place were that reflected people’s own individual interests were reflexology, music, drama and art and craft. Family relationships were maintained. For example, staff assisted people to send birthday cards and Christmas presents to family members. Birthday parties were also arranged for people that took into account their interests. For example, one person had a band play for a significant birthday that reflected the person’s cultural heritage. This meant that staff recognised people’s cultural needs and these were met on an individual basis.

Relatives and staff told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. They also told us the registered manager and staff were very accessible. One relative said, “We haven’t any worries or complaints. It’s just wonderful.” People’s view about their care and treatment was sought through a variety of ways. For people who were non-verbal, staff knew their behaviours and recognised people’s responses. This meant staff were able to understand the choices people had made. This was confirmed through our observations throughout the day. Relatives told us about care decisions for their family member and how they have been consulted. One relative said, “Any questions are dealt with really well.” All relatives that we spoke with had no complaints about the service but knew how to complain should they need to. This meant that the services listened to people’s experiences and complaints.

Good

Is the service well-led?

Our findings

People were supported by a consistent staff team that understood people's care needs. One family member told us, "There's continuity of staff. Everyone seems to work together. You can't tell who is the boss and who isn't". Our observations demonstrated an open door policy that the registered manager adopted. Relatives where clear that they could approach the registered manager about any issue they may have. One relative said they were, "Very, very pleased with the manager. There's nothing to worry about." Another relative said, "Everyone is instantly accessible. It's like speaking to a sister." Throughout the day, we saw people responded to the manager positively. For example, people sat with the manager at lunchtime and actively engaged with her.

We looked at questionnaires and newsletters used to keep relatives engaged and informed. The registered manager also provided us with comments and compliments they had received about the service. We saw no written complaints had been received; however the provider had used feedback from people and relatives to improve their individual care needs. We saw these had been recorded with the outcomes or action taken. For example, a person received a more suitable wheelchair when his care needs had changed. Relatives told us they were kept informed about their family member. They said communication between staff and them was open and a two-way conversation. One relative told us, "They wouldn't hesitate about getting in touch about anything". The registered manager told us about a recent nomination for a national award in recognition of her work. Relatives told us about this award and how they had participated in the nomination process in recognising the manager's efforts. This meant that the service demonstrated and open and inclusive culture.

All staff we spoke with told us that the registered manager was approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "(The registered manager) is open and will listen". The registered manager told us she had good support from the provider, and the staff team.

The provider used training and partnership working to improve the quality of care at the service. The provider used their in house training department to support the registered manager in updating the staff's knowledge. Staff training requirements were regularly reviewed to identify individual training needs. The manager told us that a priority was training staff on recent changes to the End of Life Care Pathway to ensure that a high quality of care could be maintained and that knowledge and practice was always kept up to date. The Manager also told us that she benefited from partnership working by sitting on a local Infection Control Group as well as working with a local Hospice.

The provider visited monthly to review how the manager monitored the care provided and how people's safety was protected. The manager also undertook monthly audits of the service. Care plans were reviewed to ensure they were up to date and had sufficient information that reflected the persons current care needs. The provider's audits together with the manager's audits enabled the registered manager to evaluate whether each person received the appropriate care and reviewed what had worked well as well as identify areas for improvement. Audits were thorough and covered many areas. For example, the suitability of people's equipment was included in the review. Mattresses, wheelchairs and walking aids were all included in this review. This meant good systems were in place to deliver high quality care.