

Mrs C Windebank and Mrs S Howard

The Coombe House

Inspection report

The Coombe
Streatley-on-Thames
Reading
Berkshire
RG8 9QL

Tel: 01491872174

Website: www.coombehouse.co.uk

Date of inspection visit:

24 April 2018

30 April 2018

Date of publication:

19 July 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This was an unannounced inspection which took place on 24 and 30 April 2018.

The Coombe House is a care home (without nursing) which is registered to provide a service for up to 24 people who require assistance with personal care. The service currently offers a service to 22 people whose needs are related to old age. The service offers 20 single occupancy rooms and two double bedrooms across the two storey main house and the attached annexes.

At the last inspection, on 18 and 23 December 2015, the service was rated as good in all domains. This meant that the service was rated as overall good. At this inspection we found the service had improved to outstanding in two domains and therefore had improved to an overall rating of outstanding.

Why the service is rated outstanding.

The service was exceptionally responsive and strove to meet people's needs, wishes and lifestyle choices. It was flexible and readily adapted to meet people's changing, diverse and complex needs. It was extraordinarily person centred and people were seen and responded to as individuals. Activity programmes were creative and designed to meet people's preferences and choices. Menus were created to offer diverse foods that were healthy. Care planning was individualised and regularly reviewed ensuring people's needs were met continuously.

The registered manager was extremely experienced, respected and highly thought of by staff, families and other professionals. She and the management team ensured the service was exceptionally well-led. The registered manager and the staff team were committed to ensuring they offered people the very best care possible and that people were as involved as possible in running the service. The quality of care the service provided was constantly assessed, reviewed and improved by the provider and registered manager.

People were protected from all forms of abuse by a trained and knowledgeable staff team. Staff were trained in safeguarding people and knew what action to take if they identified any concerns. The service continued to identify individual and environmental risks. Action was taken to reduce these risks, and a comprehensive account was provided of what action to take should the risk occur.

People continued to be supported by good staffing ratios, which were reviewed and increased as needed. The management supported staff and assisted people on a daily basis. Staff were able to meet people's specific needs safely. Robust recruitment systems were implemented to ensure as far as possible, that staff were safe and suitable to work. People were supported to take their medicines correctly by trained and competent staff. Where people were able to self medicate, they were appropriately assessed and assisted to remain independent.

A well-trained staff team remained able to offer people effective care. They met people's diverse needs. Care

plans were kept up to date ensuring people's current and changing health and emotional well-being needs were met. The service worked very closely with health and other professionals to ensure they offered individuals the best care in the most effective manner.

People continued to be 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 caring, committed and enthusiastic staff team continued to meet people's needs with compassion, kindness and respect. They ensured they promoted people's privacy and dignity and communicated with them effectively. Measures were taken to ensure records were maintained confidentially.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Outstanding ☆

The service was now rated outstanding.

Care plans were responsive to people's changing needs, with staff updating these as soon as required.

The service was extremely person centred and focused on continuously meeting people's wishes and assisting them in achieving aspirations.

The service took measures to improve people's communication with relatives, boosting confidence.

The service involved relatives, professionals and people in all reviews.

A robust complaints procedure was in place, that illustrated all complaints were appropriately investigated.

Is the service well-led?

Outstanding ☆

The service was now rated outstanding.

The registered manager was exceptional in ensuring the service's vision was met, and care was delivered of a high standard.

Staff spoke highly of the management team. They found them approachable, open and offered a continuous presence at the home,

The service carried out extremely comprehensive audits that was

responsive to the needs of people and managing any changes.

Quality audits were completed regularly and feedback sought from people, relatives, professionals and staff to shape how the service moving forward.

The Coombe House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 30 April 2018 and was unannounced. The inspection was completed by one inspector.

Prior to the inspection the local authority care commissioners were contacted to obtain feedback from them in relation to the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, this is a legal requirement. As part of the inspection process we also look at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had received the PIR for The Coombe House and used this to help inform our inspection plan. During the inspection we spoke with four members of staff, including one care support worker, one team leader, the registered manager and the deputy manager. We spoke with six people who are supported at the service, in addition to two visiting professionals and two sets of relatives.

Care plans, health records, additional documentation relevant to support mechanisms were seen for six people. In addition, a sample of records relating to the management of the service, for example staff records, complaints, quality assurance assessments and audits were viewed. Staff recruitment and supervision records for six of the regular staff team were looked at. As part of the inspection process we completed observations during activities, and joined people for lunch, interacting with people.

Is the service safe?

Our findings

The service ensured that people were kept safe by staff who had a comprehensive understanding of safeguarding and whistleblowing procedures. They were able to describe the various types and signs of potential abuse. Training records showed all staff had undertaken training in safeguarding people against abuse, and that this was refreshed on a regular basis. Staff we spoke with were aware of external agencies that should be contacted in circumstances where it was thought either the manager or the organisation were involved in the abuse. For example, the police, local authority safeguarding team or the CQC. We spoke with staff about whistle-blowing and their understanding of this policy. The staff we spoke with were clear in that they would not hesitate in whistle-blowing if this was required. One staff said, "Oh of course, I'd report it, not that I would need to mind you, I don't think anything untoward could happen in all honesty..." People were also made aware of what "keeping safe" meant. Discussions were held during house meetings on this topic, and the home displayed what people needed to do, and who they could contact if they felt unsafe within communal areas. This included raising concerns with the management, as well as external professionals including the CQC. Telephone numbers were displayed with professionals' names for people to contact.

People had their risks assessed to ensure they were kept safe whilst being able to retain their independence. Staff assessed and documented how to manage these within risk assessments and care plans. For example, one person who wished to access the community however was at risk of doing so independently. The activity was assessed. Measures were put into place to enable the person to retain their independence and choice of accessing the community, whilst actions described ways to mitigate the risk. For example, the person was to carry a personal card with them that detailed their name, place of residence, the service contact number and a named person. This allowed the person to feel safe, whilst recognising they may at times, need help remembering where they live. We spoke with the person who told us, "I feel very safe. I have a little card with important details on it. I carry it when I go out..." Similarly if people were identified to be at risk of falls, staff identified what may heighten the probability of the risk occurring, and suggested ways to mitigate this. This included looking at the flooring, the person's footwear or any environmental factors, such as trip hazards that may increase the possibility of a fall. Whilst the service was not a nursing home, a call bell system had been installed and operated to allow people to feel safe. These were located in people's bedrooms and bathrooms. Individual people who were assessed as being unable to use a call bell or assessed as being at higher risk of falls, were additionally provided personal alarm pendants to wear. Visual checks were completed daily by staff to ensure that these were worn. One member of staff told us that "this reassures us that people are safe whilst pottering about." Each person's file contained a personalised evacuation plan. This is a document that contains information on what to do in cases of emergency – for example fire. Details on the person's mobility, sleep pattern and ability to follow instructions were included as well as the best fire escape route. The service operated fire drills to assure that people knew what course of action to take in an emergency.

People were kept safe by a comprehensive recruitment process. This included obtaining references for staff in relation to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal

convictions that may prevent them from working with vulnerable people. The recruitment process had been implemented by the management to ensure staff were able to carry out their duties both safely and effectively and to ensure that people were being looked after by appropriate staff. Gaps in employment were explained, photographic ID verification, with recent up to date photos were contained within each staff file. We were told if this information had not yet been obtained, staff would be unable to lone work. People were protected from harm because the provider had assured that staff employed were of suitable character to support people safely. People were supported by a strong staff team that was consistent. Most staff had been employed by the service for in excess of five years. This meant that people knew the staff well, and this in turn allowed relationships to develop leading to people feeling safe and secure within the service. One person said, "It is a lovely service, the staff, [registered manager], [provider] are all wonderful... they make you feel so comfortable as though you are a part of the family..."

The service employed sufficient staff to work on shift with people to keep them safe. Rotas illustrated that any staff shortfalls were covered internally by staff. Where gaps remained these were covered by the provider who believed consistency in staffing was crucial for people to ensure safe practice. Agency staff were not employed by the service. People we spoke with told us, "They are a wonderful bunch of people. Plenty of staff here, and those that know us too..."

Medicines were supplied by a community based pharmacist. They were stored safely in medicine trolleys secured to the wall on both the first floor and the ground floor. Medicines were ordered and managed to prevent over-ordering and wastage using a Monitored Dosage System (MDS). Each person's MDS held a copy of their photo, to reduce the risk of error. Medication Administration Record (MAR) sheets were signed and dated correctly, with no medicines errors seen. Audits of the MAR sheets were carried out by staff who were experienced and trained in this particular area, to identify any errors. The service was investigating the possibility of investing in electronic MAR sheets. This system would immediately highlight any issues with medicine management. Staff administering medicines were competency assessed following training and thereafter annually assessed to ensure they remained competent, in line with the service's medicine policy. We noted that some residents were self-medicating. A risk assessment was completed for self-administration together with health care professionals, which included a capacity assessment to ensure they were able to independently complete this task safely. They were provided secure facilities in their room, to store their medicines safely. In addition staff auditing the stock of medicines to assure themselves that people were self-medicating safely. Records were maintained so that a transparent audit system was in place.

Records of 'as required' (PRN) medicines illustrated that staff were given sufficient information on when these needed to be administered. This is a document that gives guidance to staff on what action to take prior to offering a person PRN medicines, as well as illustrating possible signs that PRN needs to be given. Guidelines are written to ensure that medicines are only given when necessary, and not used as a means of controlling a person or their behaviours.

The service employed domestic staff to maintain the premises, keeping these clean and hygienic. Rooms were cleaned daily, with bathrooms cleaned more frequently throughout the day. The service was clean and tidy. Personal protective equipment (PPE) such as gloves and aprons were readily available for staff and people to use as required. Colour coded systems for cleaning products and kitchen equipment were visible throughout the home. This reduced the risk of cross contamination. We observed staff tidying up and calling domestic staff when an area needed additional cleaning. The kitchen was rated 5 stars by the Food Standards Agency (FSA). The FSA measure the standards of food hygiene employed by a service, to ensure that these are in line with best practice guidance. The kitchen and areas where foods and equipment were stored indicated that clean and appropriate methods were employed to ensure prevention of infection or

cross contamination.

All maintenance safety checks were up to date e.g. Fire systems, emergency lighting and emergency equipment. Staff had taken key roles in managing checks, with external agencies asked to assist as required. For example, health and safety experts were requested to complete annual checks of the service. Certificates illustrating safe usage of heating, gas, electric appliances were seen. In addition we saw service records for the communal lift.

A system was in place to monitor incidents and accidents. This allowed the registered manager to assess any increase in incidents or accidents, which would then prompt them to complete the necessary trends analysis. This analysis would look at how to manage the incidents and accidents, minimising the frequency and severity. Where necessary the relevant authorities would be contacted or alerted. The registered manager was constantly seeking methods of improving the experience and safety of people living at the home.

Is the service effective?

Our findings

The registered manager ensured that people's needs and choices were assessed prior to them commencing the service and then continually following admission. An initial assessment document was completed that detailed how the person wished to be cared for and supported to maintain their independence, and where assistance was required. The person and where relevant relatives or professionals provided further information on how the person may be best supported. This information was used to formulate a personalised care plan that would be reviewed and updated as required.

The service had implemented an equality diversity and human rights (EDHR) policy. This specifically looked at what measures the service would employ to keep people protected regardless of their sexuality, disability, gender preference and religion. As part of the initial assessment questions around these areas were discussed. People's protected characteristics would be appropriately, safely and securely managed, in line with their wishes and the legislation. We saw evidence of people's religious needs being maintained. For example, people who wished to attend their place of worship were assisted to do so. If they required support from staff this was offered.

People were cared for by a team of staff who underwent a comprehensive induction process. This included completion of mandatory training and additional training that would be supportive to them in their role. Staff were constantly seeking to improve their skills. We saw evidence in supervision records where discussions on additional training and new methodology and guidance was discussed. The service supported staff to complete national vocational qualifications as well as any professional training that they felt would further support them in their role. This meant that staff were continually reviewing their skills, and were able to develop their role to meet people's changing needs. The training matrix showed that all training for staff within the home was either up to date or booked. An IT system alerted the registered manager in advance when training would expire. This meant that the home was constantly operating at 100% staff trained in mandatory courses. This was an effective management tool in ensuring that staff knowledge and skills were continually updated.

People were supported by a staff team that received regular supervision. This provided both the staff and the registered manager with the opportunity to discuss their job role in relation to areas that needed support or improvement, as well as areas where they excel. One member of staff said of the registered manager and the supervision process, "This is very useful, although we can approach [name] at any point to seek reassurance or suggest ideas that can help the people we support." This is an example of how the process of supervision was used positively to improve both personal practice and the experience of people using the service.

People were supported to maintain a healthy and balanced diet. Fresh local produce was purchased by the service, with the in house chef creating cooked meals for lunch and dinner daily. Menus were discussed with people, seeking their opinion and preference. New meals were introduced with votes, deciding whether the meal should appear on the menu in the future. Where people did not wish to eat the foods on the menu, alternatives were offered. We noted that the chef prepared many individual requests, including boiled eggs

on toast, fresh fruit salad – in addition to the daily fruit platter for people. These requests would often be handed to the chef on slips of paper on the day. People were kept hydrated with drinks offered throughout the day. One person who enjoyed a drink at precisely 6pm had his choice of beverage bought for him within the weekly shop. In addition the service purchased a small drinks cooling fridge and placed it in the person's room to allow them to enjoy this in their own personal space.

We saw evidence of good working between the staff team and visiting agencies. Daily handovers detailed what each person had been doing during the day, and any matters arising. This included any appointments, visits or matters that remained resolving for people. The team coming onto the shift would then smoothly take over the responsibility and ensure the person continued to receive the same level of support. Similarly, in planned activities, when a visitor is due to attend the staff ensure people do not experience any disruption to their day. They are gently reminded of the activity and encouraged to participate.

We saw visiting health professionals attend the service during the inspection. We spoke with the visiting GP who advised they, "cannot fault the service. They are very good at providing excellent care to the residents... always contact us as required... very knowledgeable." People and their relatives told us that if a person sought assistance from a health professional this was arranged immediately. If the person wished for staff to be present during a consultation this was offered. The person was enabled to maintain control over their health as far as possible. They were encouraged to converse with health professionals independently or with staff, so as to ensure they were knowledgeable of how to maintain their health. The GP told us that the consistency in staff presence and knowledge meant that people's health needs were very well managed.

Various adaptations had been made to the property and grounds to enable people to maintain a healthy and active lifestyle. One person who enjoyed walking the external perimeters of the ground had recently become unsteady with their mobility. Rather than encouraging the person to remain inside the home, the provider made adaptations to the grounds. Cushioned flooring had been laid so that should the person fall, they would sustain minimal injuries. In addition, railings had been put in place as well as a slope to the adjoining annex, encouraging people to maintain their independence. We spoke with two people regarding the adaptations and were told "this is excellent. They've even put out chairs for us to take breaks and enjoy a cup of tea in fresh air."

Staff understood the principles of the Mental Capacity Act 2005 (MCA). They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. They all stated how they asked for permission before doing anything for, or with a person. People's rights to make their own decisions, where possible, were protected.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The service ensured that where necessary DoLS applications were made. Best interest decisions were made, as required and were fully evidenced within people's files.

Is the service caring?

Our findings

People were provided with support and care in a sensitive and compassionate way, by a committed and consistently caring staff team. People and their relatives told us, "Staff are wonderful, they are very, very kind," "they really do look after us all well – it's like living in a hotel and being cared for by family!"

The registered manager told us of the importance of developing relationships with people. This point was further spoken of by staff and people, who reported that a strong positive relationship enabled care to be delivered in a helpful way. Staff told us that this allowed people to feel safe to raise any concerns or issues that were important to them. People were continually enabled the opportunity to request care delivery in the manner that they wished. We saw written evidence of letters from people where requests had been submitted and actioned by the service. The registered manager told us that the service was for the people, therefore any care delivery needed to be how people wanted it, in line with best practice guidance and regulations.

The service continued to support people to maintain and develop their independence. Care plans included information about how people were supported to make decisions and keep as much control over their lives as possible. For example, people were encouraged to self-medicate (where appropriate), visit the local café and attend excursions with family and friends. Detailed risk assessments supported people to live their life as independently and as safely as possible. Examples included accessing the community and walking the perimeters of the property, as appropriate.

The staff team remained passionate about respecting people's privacy and dignity. Staff ensured that people had privacy and supported them to maintain their dignity at all times. If staff needed to offer assistance with personal care, consent was appropriately sought and people were covered as required. Support plans included positive information about the person and daily records were maintained for each person and were written in a respectful manner. Daily handovers passed on information confidentially to changing staff teams, whilst ensuring that people's privacy was maintained. An easy tick box handover document was created to prevent written documents containing personal information changing hands through handovers and being misplaced.

Staff continued to meet people's diverse physical, emotional and spiritual needs. The service had a strong culture of recognising equality and diversity amongst the people who resided at the home and the staff who worked at the service. The registered manager used staff diversity to meet the needs of people. For example, people were paired with staff who shared similar interests. The service had an equality and diversity policy and further training had been completed on this area for all staff, with key topics discussed during team meetings. The service was committed to meeting people's specific needs, for example, religious attendance and family occasions.

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared as required. The service was preparing for the new General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

The registered manager and staff team were exceptionally responsive in meeting people's changing and complex needs. For example one person's mental health began to deteriorate whilst living at the service. Whilst the home did not specialise in this area, mental health professionals were contacted, care plans amended, and staff trained to meet the person's needs. The registered manager authorised additional support hours for the person when their mental health became unstable, so to ensure that the needs of the person were managed, and they did not impact on others. The service continued to provide care to the person supporting them to retain as much independence as possible.

Care staff communicated and responded quickly to people who were showing signs they needed assistance. Staff interacted exceptionally sensitively and gently with people. A visiting professional told us how the atmosphere was always positive and calm, with people looking relaxed within their environment. We were given an example of how staff were incredibly responsive to a person's changing needs within the community. An emergency placement was organised to support the person during a period of acute illness with swift care plans being drawn up. The staff continue to work with the person to help them retain their independence by being responsive to their wish to remain in their home and work with them allowing them to return frequently.

Care plans and people's records described examples of exceptionally responsive practice. This often took the form of working extremely hard to respond to people's needs and aspirations. For example, one person was reaching a milestone birthday. Two of this person's children lived overseas. The person had stated they truly wished for all the children and grandchildren to be together for this special occasion. The service contacted one family that lived in Australia and another that lived in the United States of America, and organised a birthday party at the service. The person directly liaised with the chef and requested a specific menu that catered to their and their family's needs. The service provided an area within the home (conservatory) that overlooked the landscaped garden. The person's family attended and described a thoroughly amazing experience. One of the grandchildren sent the providers a handwritten note thanking them immensely for the wonderful opportunity to meet with their relative, and the delicious food! We spoke with the person regarding this experience and were told "I cannot thank them [referring to the providers] enough. The last time I saw all my family together was a considerable time ago. I have no idea if I will ever see them all together again. It was truly my wish to see my children, their wives and all my grandchildren together, it was the most exceptional thing they [providers] could have done." The service prepared the food as the person desired, at no additional cost. The extra time the chef needed to prepare the special menu was all included within the service's ethos and values to respond to people's needs. Photographs showed how much the person had enjoyed their birthday celebration. They had met with all their relatives and had been a part of a family unit, recreating their life experience. The person had been enabled to create endearing happy memories from this event. The person also reported how they felt that this experience had made them feel valued by the service and as an integral part of their family. The memories of the birthday party were often retold by the person whose general happiness and well-being had been enhanced by the service.

The service is very person-centred and staff had an exceptional understanding of people's needs. People had personalised care plans which ensured care was tailored to meet their individual and diverse needs. For example, one person had communication difficulties but wished to use computer technology to speak with their family, many of whom lived abroad. The service invested in technological communication aids and installed Wi-Fi hotspots throughout the building to enable the person the opportunity to converse with their relatives directly. Although the service had an existing Wi-Fi connection they specifically installed the additional hotspots to boost Wi-Fi connectivity to allow the person to speak to their family in the privacy of their own room. They recognised the importance of meeting the person's communication needs and how important it was for them to remain in touch with their family. The system invested in by the service improved the person's ability to communicate clearly and easily. This has increased the person's confidence and self-esteem. They remained independent and able to liaise directly with their relatives without seeking support from the staff. We saw thank you cards from the relatives and the person, highlighting how this opportunity had given them a sense of self-worth. For example one read "Just wanted to say thank you for the [broadband] connection – it has meant so much to me... I can speak with my family now..." Another card from the relative read, "Thank you for enabling [parent] to contact us at their own leisure... meant the world to us all... [parent] seems so much happier and looks forward to speaking with all the family..." The person appeared generally happier and would now engage more frequently with others within the home. They would spend time in communal areas and partake in activities.

Care staff were exceptional at enabling some people to spend time within the service until they felt both confident and comfortable to make the move permanent. When people missed their families, the service encouraged for them to visit and remain for a family meal with their relative. The service offered the person and their relative's private time and space with additional food offered by the chef. People we spoke with told us that they were grateful to the home for allowing them to continually experience family life and living. Relatives told us that people had gained confidence, self-esteem and independence since they moved to the service. The providers offered a flexible approach to enable people who could not return to their families over Christmas the opportunity to have a Christmas meal with all trimmings at the service. Last year saw seven people take this offer up. Families were offered their own specially cooked meal with trimmings laid on a festive table. People told us how they no longer felt worried at the prospect of being isolated over the festive break. The service did all they possibly could to allow people and their families to feel welcome to the home.

The service was totally committed to assisting people to pursue their interests. Staff continued to offer people a wide variety of flexible and interesting activities that were meaningful to them as individuals. Activity plans were developed according to people's choices and needs. They were designed to increase people's experiences and enhance their choices of how they wished to spend time. Photographs were kept of people participating in specific activities so they could choose from the pictures what they most enjoyed doing. For example, making Easter posies, table centre pieces, experiencing tai chi – all designed to increase well-being. Additionally, activities were related to other aspects of people's lifestyles some of which may have sentimental value to the person. For example, one person had spoken of how in their childhood they had reared chickens. They spoke fondly of their experiences and seemed happier and calmer when speaking about the chicks. The person had stated they wished they could experience raising chicks again. The service researched, risk assessed and contacted organisations to establish the process of offering this to the person. They arranged for eggs to be brought to the service together with incubators, a small chicken pen and feed. The person with their fellow friends from the home nurtured the eggs until they hatched. The service created a photographic diary capturing every moment for the person. The photos showed how the person blossomed with the growing chicks which they kept until they became chickens. Their smile provided photographic evidence and memories whereby they were able to relive a much cherished childhood experience. The person told us that they were "very grateful" for the experience. As a consequence the

service was seeking to purchase chickens for all the people in the home. This would allow people to consume freshly laid eggs and be engaged in a meaningful activity, if they chose. People told us that they were looking forward to having an opportunity to raise the chicks, and be involved in looking after them as a group collectively.

The service continued to assess people's needs regularly with monthly reviews taking place and meetings held as required with professionals involved in people's support packages. People were encouraged to attend their reviews and choose who else they wanted to be present. In response to people's changing needs additional reviews were held as necessary. Care plans showed that staff responded exceptionally quickly to people's changing needs. For example one person had recently experienced a period of ill health and required additional support. The care plan was amended and agreed within 24hrs by the provider. Additional support was arranged, so the person could continue to receive support that met their changing health needs. In another example, we saw evidence of this, with the service seeking to purchase specialist equipment following a moving and handling training session. This included aids to help people out of a car, as well as small aids to help people out of a seat.

The service made particular efforts to involve families (where agreed by people) with various aspects of caring for people. This enabled them to see the work that goes on with other professionals and give their input. This has proved invaluable and helped the staff team to develop close relationships with everyone concerned. For example, families were invited to multi-disciplinary meetings where specific issues around people's specialised care were discussed. This created an environment where everyone involved could work out the best way to support the person consistently. A relative we spoke with told us, "They are wonderful. They involve us in things related to our [parent], and make us feel more than welcome here."

The service understood how to protect people from any form of discrimination. They were knowledgeable about equality and diversity with regard to the protected characteristics. Staff training covered these principles. Throughout the two day inspection we saw staff conducting themselves in line with the principles. People's records showed that equality was embedded in the practice of the service.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had individual communication plans to ensure staff were able to communicate with them as effectively as possible. Information was produced for people in user friendly formats such as easy read, photographs, pictures and symbols. There was excellent communication between staff and people who understood each other very well.

The service had a robust complaints procedure which was produced in a user friendly format. The service appropriately managed and dealt with complaints. They documented investigations and responded to each complainant within their policies stipulated timeframe. The people we spoke with, relatives, staff and other professionals who commented on the care provided were all exceptionally complimentary.

Is the service well-led?

Our findings

People continued to benefit from excellent quality care provided by a staff team who were exceptionally well-led by the registered manager and the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff described themselves as being, "very fortunate to work at The Coombe House" because the service was so well managed by the registered manager and provider. Professionals said, "This is probably the best service in the area, we love visiting here" and, "people seem to experience hotel life continually, whilst being supported by an extended family," referring to the staff and management.

The registered manager had been in post since June 2013. She was highly experienced and knew the service and the people and their families exceptionally well. She was totally committed to providing person-centred care to individuals. She was supported by a conscientious experienced and knowledgeable staff team and supportive management team, consisting of the deputy manager and the registered provider. People knew the manager and the management team very well and were confident to approach them if they wanted assurance or assistance. We were told by the staff team that if an issue were to arise they could be confident that it will be dealt with promptly. The registered manager or the provider would be on site as soon as possible. Staff described the registered manager as, "extremely supportive, knowledgeable and on the ball." One staff member told us they had left Coombe House however had returned because the management team were so good and they "couldn't find another service and team like this." A visiting professional said, "The manager is very good. If you raise a question or an issue it is dealt with before you leave." A person we spoke with said, "[registered manager], [deputy manager] and [provider] make you feel like a part of their family. They care for us how they would care for their own loved ones." Family members were also very complimentary about the registered manager. One relative reflected the views of others when they said, "I have never come across a service so good, the love and attention to detail here is exceptional... all credit to [registered manager]." Another visiting person told us that they continue to visit people at the service, after their own loved one has passed away due to the commitment and hard work of the manager and staff. They told us that they "wanted to give something back to the people and the management."

One visiting professional told us of one incident where the registered provider had exceeded all expectations. The provider led by example. A person had required a course of antibiotics and the prescription was sent to the local pharmacy, however, the antibiotics were not available. Rather than wait for these to be delivered to the pharmacy, the provider, in snowy conditions within the festive season visited a number of pharmacies until the antibiotics could be found. In another incident a person who had a daily paper delivered, did not receive this due to dreadful weather conditions. The registered manager and deputy manager took it upon themselves to walk into the village and collect the person's preferred newspaper, hand delivering it to the person until the weather improved, and the shop resumed their deliveries. The person would spend a large amount of the day reading the paper, completing crosswords and keeping themselves abreast of news. The person was enabled to continue with their important activity

by the pragmatic management approach Staff observed the practice of the provider and the management team and told us that they "don't want to let them [management] down." Another member of staff said "They are very good role models. You can learn a lot from how they work with the residents."

People benefitted because the registered manager had created an exceptionally open culture and had developed extremely positive values within the service. The registered manager ensured that the philosophy of peace, privacy and independence was achieved for all people. The staff training, documentation and general presentation within the home was focused on achieving this. Staff meetings were held frequently with newsletters generated to relatives keeping them abreast of any changes, and the continued vision of the service. The staff signed up to the registered manager's 'vision' which was for people to live a comfortable and happy life which is caring and provides full peace of mind. In addition staff, to enable the service users to try new opportunities and to reach their full potential, as they may have done when in their own home. The registered manager further reinforced that this was a home away from home. People needed to feel content and happy to approach any staff about any issue. The registered manager felt this could only be achieved with the support of a confident staff team. The vision and values of the registered manager were reflected in staff attitude and behaviours and the work they did on a daily basis. Staff told us they were very happy working in the service. They felt included in decision making and improving the service. Effective mentoring, supervision and support from the management team had developed a strong staff team who were confident in working with people.

The service was exceptional at taking into account the views and opinions of people, their families and friends. They were finding innovative ways of increasing the involvement that people had in developing the service. For example, people and their families were invited to a number of activities including: monthly coffee mornings, family and friend based in-house activities arranged with external co-ordinators, relative's forums, and lunches at the service and presented with newsletters to keep them abreast of the changes to the service. This assisted people to understand what the service was doing and empowered them to ask questions and understand good practice. For example people told us that they felt a part of the home, and knew what was happening and were engaged in any changes. This included décor to the home, menus, activities, staff approach and practice. The provider also held 'open' meetings which families and other interested parties could attend to express their views. Service user meetings were held and staff were creative in eliciting people's opinions if they chose not to join in the usual meeting format. For example staff would often engage people in conversation, creating a scenario and seeking their opinion during a one to one conversation. Alternatively they would ask the external activity co-ordinator to facilitate a discussion or debate around an issue within the home that feedback was sought on. People were encouraged to speak and asked questions within the discussion group setting. This had proven effective with people who would not express their opinion within a meeting environment, becoming confident in addressing areas. Some people were taken out by staff for a coffee to the local café, where people felt confident to speak openly about issues.

Care staff were kept involved, informed and up-to-date with new guidance so they were able to offer the best, most recent good practice. Monthly staff meetings were held and issues such as areas that needed development, procedural improvements and information regarding legislation such as the Equality Diversity and Human Rights were discussed by the team. The registered manager also included feedback from the numerous forums she attended to ensure they were working in line with best practice. The forums were used to understand what other services were doing and used as a learning tool to ensure the service learnt from shortfalls and or improvements needed in other services. Within these meetings there was an opportunity for staff to discuss any concerns, compliments or practice issues. Staff told us they felt that they and their opinions were valued and they would not hesitate to discuss any good or poor practice issues they had identified. They said the management welcomed their comments and ideas and acted upon them when

appropriate.

Continued, exceptionally good governance of the service benefitted people who lived there because it ensured the quality of care was maintained and enhanced. The provider strongly supported the effective governance of the service and the management were visibly present and involved in the continued development of the home. A variety of auditing and monitoring systems remained in place. For example, regular health and safety audits were completed at appropriate frequencies. The registered manager or assigned staff completed regular audits of care plans, medicines and other records. Senior staff (including the entire management team) worked alongside staff, on a daily basis which ensured good practice was modelled and maintained.

Actions taken as a result of quality audits sent to staff, people, relatives and stakeholders included increasing the variety of activities offered to people, making changes to the external areas, and developing new menu ideas. A quality assurance outcome development plan was produced as a result of the various quality assurance processes and was in place for the next 12 months.

The service continued to work extremely closely with the community to ensure people received the best possible care and felt integrated within the community. The registered manager had contacted the local primary school and arranged visits from the children to the home. Children would read, sing and perform small plays for people. In addition, the children developed valuable relationships with the people living at The Coombe House. They were given the opportunity to learn about life in different periods, World War II, different professions and engage with people sharing their life experiences. A compliment recorded from the school reflected on how children were being educated by people within the service, and how this would not have been achievable had it not been for the registered manager's optimism of benefits this activity would serve to both the people within the home and the children. The people had also had an opportunity to feel valued by sharing their stories. One person told us, "It's lovely to have the children here... they listen so attentively, it takes me back to my childhood."

The registered manager understood the importance of developing professional relationships and working in collaboration with professionals. She had built strong relationships with local authority and health service partners. Other professionals commented on the exceptional co-operative working. For example, one commented, "The staff and management are always happy to help and welcome you... nothing is too much of a bother" Another said, "The service always seeks professional help as required and within the timeframe expected". People and their relatives reiterated this point, commenting on how the staff and registered manager would arrange appointments and remain with them if they so wished.

People's records remained of excellent quality. These were written in a completely person-centred manner, detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences and choices. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible. The management team engaged external audits. These focused on maintaining the safety of people.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC). These were sent, when necessary, and within the required timescales. The registered manager was very knowledgeable about new and existing relevant legislation.