

# Cumbria County Council

# Combe House

## Inspection report

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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 ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 1 August 2016. We last inspected Combe House in July 2014. At that inspection we found the service was meeting all the regulations that we assessed.

Combe House is a residential care home providing personal care and accommodation for up to 40 older persons, some of whom may be living with dementia. The residential home is on one level and divided into four separate units, each for ten people to live in. All units have a communal lounge/dining room and kitchenette area and sufficient bathing and toilet facilities for the people living there. The home is in a residential area of Walney Island, close to local bus routes and public amenities. There are gardens for people to use and enjoy. There is parking to the front of the home for staff and visitors. At the time of the inspection 24 people were living in the home.

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

We spoke with all people who lived at Combe House and they made many positive comments about their home. They told us that care staff were available to help them when they needed assistance and that staff respected their privacy and treated them with "respect" and "kindness".

We saw that the staff on duty approached people in a friendly and respectful way and everyone we spoke with told us that they felt safe living there and were "happy" and "being well looked after" living at the home.

People had a choice of meals and drinks and they told us the food was "good" and that they enjoyed their meals. People were involved in discussions and feedback about food at their 'residents' meetings.

People who lived at Combe House told us about the organised activities that went on in the home and that they discussed these at their own meetings. There was a programme of organised activities for people to take part in if they wanted to.

People who lived in the home told us that they felt safe there and that they were "well looked after". There were systems in place to make sure people living there were protected from abuse and avoidable harm. The staff we spoke with understood their responsibilities in protecting people from harm or abuse and had received training on this.

The service had safe systems for the recruitment of staff to make sure the staff taken on were suited to working there. We saw that care staff had received induction training and on going training and development and had regular supervision and annual appraisal.

During this inspection we looked at the way medicines were managed and handled in the home. We found that medicines were being safely stored and administered and records were being kept of the quantity of medicines kept in the home and those disposed of.

The service worked with local GPs, district nurses and health care professionals and external agencies to provide appropriate care to meet people's different physical, psychological and emotional needs.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

We made a recommendation to look at best practice in relation to providing evidence of who held Power of Attorney (PoA) for individuals to help ensure that the right people had been involved in making decisions on people's behalf.

## 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 was safe.

There were sufficient staff on duty to provide the support people needed and this was reviewed. Staff had been recruited safely with appropriate pre-employment safety checks.

Staff understood how to safeguard people from abuse and knew how to report possible abuse or concerns about a person's safety.

Medicines were being handled safely and people received their medicines correctly. Medicines were appropriately stored and records were kept of medicines received and disposed of so they could be accounted for.

### Is the service effective?

Good ●

The service was effective.

A staff training and development plan was in place and staff received supervision on a regular basis.

Staff knew people who lived there well and worked with other agencies and services to help make sure they got the support they needed to maintain their personal needs and preferences.

People had a choice of nutritious meals, drinks and snacks.

### Is the service caring?

Good ●

This service was caring.

People told us that they were well cared for and happy living in the home.

We saw that people were treated with respect and kindness and their independence, privacy and dignity were being protected and promoted.

Staff demonstrated good knowledge about the people they were

supporting, for example detailed information on their backgrounds, their likes and dislikes and daily routines.

### Is the service responsive?

Good ●

The service was responsive.

We saw that people made their own choices about their daily lives in the home. There were organised activities for people if they wanted to take part.

Support was provided to help people to follow their own interests and faiths and to maintain their relationships with friends and relatives.

Information was displayed on how to make a complaint within the home. There was a system in place to receive and handle any complaints raised.

### Is the service well-led?

Good ●

The service was well led.

People who lived in the home were asked for their views on how they wanted their home to be run and their comments were listened to.

Quality audits were used to monitor care planning, medication management and service provision.

Staff told us they felt supported and listened to by the registered manager and senior staff

# Combe 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 unannounced inspection took place on 1 August 2016 and was unannounced. The inspection was carried out by two adult social care lead inspectors.

During the inspection we spoke with seven of the people living there, the registered manager, the home's operations manager, two of the supervisors on duty during the day and five care staff.

Some people living at the Combe House could not easily give us their views and opinions about their care. We used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us better understand the experiences of people who could not easily talk with us. It is a useful tool to help us assess the quality of interactions between people who use a service and the staff who support them.

As part of the inspection we also looked at records and care plans relating to the use and storage of medicines. We also looked at care records, which included looking at five people's care plans and risk assessments in detail and case tracking these to help us see how their care was being planned with them and delivered.

We looked at the staff rotas for the previous month, staff training and supervision records, recruitment records and records relating to the maintenance and the management of the service and regarding how quality was being monitored.

Before our inspection we reviewed the information we held about the service. We looked at the information we held about notifications sent to us about incidents affecting the service and the people living there. We looked at the information we held on referrals that had been made to the local authority safeguarding team, any concerns raised with us and any applications the manager had made under Deprivation of Liberty Safeguards (DoLS).

Before the inspection, the registered manager completed a 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 any improvements they plan to make.

# Is the service safe?

## Our findings

Everyone we spoke with who lived at Combe House had positive things to say about life in their home and told us that they felt safe living there and that they were well looked after by the staff. One person told us, "It's a lovely place to be" and "I do feel very safe and taken care of, I'm quite happy living here". Other people told us they were "Really happy here" and "I trust all the staff, they're a good lot". People we spoke with who lived there told us that the staff came to help them when they needed them and they did not have to wait for long if they called for assistance.

On the day we inspected there were two supervisors and the registered manager on duty and six care staff on the morning and evening shifts supporting the 24 people living at Combe House. Rotas indicated that was the designated staff establishment and a recognised tool was being used to help determine what minimum staff levels should be. The registered manager described how they also used their judgement and knowledge of the people living there as well to assess if someone needed closer observation and support. We could see that there were sufficient care staff available to support and spend time with people during the day of the inspection.

Rotas showed that for the previous month day staff had been working extra shifts to cover night duty and maintain staff levels at three night staff. The registered manager confirmed that one staff member was on sick leave and another had transferred to another home leaving the staff levels on nights down on what was planned. The registered manager was advertising for additional staff but had to rely on other staff working a lot of overtime in the interim.

There were two staff rostered on duty for the nightshift when we inspected. This was because occupancy and dependency levels in the home had been low when the night staffing was assessed. However one of the people who lived at Combe House began to deteriorate during the day we visited and so the registered manager and operations manager arranged additional staff cover for the night shift. This was to make sure that there would be enough staff on the night shift to be available to still support everyone should the person's condition continue to deteriorate.

There were also two domestic staff to keep the home clean and fresh and the cook preparing the meals. We looked around the home and saw that all areas used by the people who lived there were clean and fresh. The night staff had a schedule of cleaning they were asked to do and record. We discussed this with the registered manager to be clear that night staff did not have to complete the cleaning as supporting the people was their primary focus. The manager confirmed that night staff knew that.

We saw the environment was homely and comfortable for the people who lived there. The moving and handling equipment we saw in use, such as hoists, were clean and being maintained. Records indicated that the equipment in use in the home had been serviced and maintained under contract agreements and that people had been assessed for its safe use.

We noted that there were damaged areas of woodwork on corridors and in doorways inside the home.



Externally the gardens were in need of weeding and making tidy and attractive for the people who lived there. They were in an untidy and overgrown state detracting from the home environment. We spoke with people who lived there and they told us it was not as pleasant sitting out in a garden overgrown with weeds. The operations manager told us this was attended to by external contractors and this was scheduled to be done.

We looked at care plans for five people in detail and saw there were risk assessments in place and the control measures to help minimise them. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. Where a risk was identified we could see that action was taken to minimise this. For example, providing the right pressure relieving mattresses and gel cushions for people at risk of skin damage had been discussed with the district nurse and had been obtained for people.

During this inspection we looked at the way medicines were managed and handled in the home. We found that medicines were being safely administered and records were being kept of the quantity of medicines kept in the home and those disposed of. We saw that there were appropriate arrangements in place in relation to the recording of medicines administration and records were signed correctly when medicines were given out. We counted six medicines and compared them against the records and found all the medicines tallied.

Charts were used for the recording of the application of creams by care workers and these showed where and how they were to be used so that residents received correct treatment. We checked to make sure that care staff were completing these when they had applied the creams.

We looked at the recording and storage of medicines liable to misuse, called Controlled Drugs that were being stored at the time of the inspection. We found that this was being done correctly and safely. We saw that medicines requiring refrigeration were stored within the recommended temperature ranges. There were clear protocols for giving 'as required' medicines and when given had been clearly recorded. This helped to make sure that people received the medicines they needed appropriately.

We saw that safe recruitment procedures were in place to help ensure staff were suitable for their roles. This included making sure that new staff had all the required employment background and police checks and references had been taken up.

The care staff we spoke with knew what action to take if they felt someone needed to be safeguarded from abuse or possible abuse. They said they would be confident reporting any concerns to a senior person in the home. There were contingency plans in place to manage foreseeable emergencies and how to support people if they needed to be evacuated or moved within the home in an emergency. We found that accidents, incidents and near misses that affected people living in the home had been reported and recorded correctly or had been passed to the appropriate agencies.

# Is the service effective?

## Our findings

People we spoke with who lived at Combe House told us that the staff supporting them respected their choices and the decisions they made. People who lived there told us the staff who supported them knew how they liked to be supported and always checked with them how they wanted to be helped. One person who lived there told us "I am looked after really well. Everyone [staff] are really lovely even those who are senior".

The staff we spoke with told us about the personal care needs, interests and preferences of the people they were supporting. There was useful personal information about people and their lives and interests in the 'pen pictures' on file. This kind of information could help staff get to know about people as individuals and their lives and interests. People told us the staff who supported them knew how they liked to be supported and always checked with them what they wanted doing and how they wanted to be helped.

We saw that care staff at Combe House communicated well with the people who lived there and gave people the time they needed to express their wishes. We saw that people who had capacity to make decisions about their care and treatment were supported to do so.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted saw that mental capacity assessments had been used with people to assess their ability to make specific important decisions. We noted that multi-disciplinary meetings had taken place to discuss individuals needs and best interests meetings had been held to help make sure that decisions were taken in a person's best interests.

We saw that people could move freely around the home and there was signage in place to support people living with dementia. This provided visual information and prompts to help people to know where facilities like toilets were and to orientate themselves better within the home.

We noted that the information around who held Power of Attorney for a person was not always clear in people's care plans and there was not always evidence seen of the authority. Powers of Attorney show who has legal authority to make decisions on a person's behalf when they cannot do so themselves and may be for financial and/or care and welfare needs. It was not always clear which of these applied. As a result it was

difficult for care staff to know who held legal authority to make decisions or be consulted about health and welfare on someone's behalf or if this was just for finances. We noted that on one occasion a relative had given consent for the risk assessed use of bedrails for a person. The relative held PoA for finances only but this had not been made clear during the process of making a decision on the person's behalf.

We recommend that the registered provider followed best practice guidance in relation to confirming who held PoA for individuals and had the legal authority to be involved in the review of DNACPR forms and decisions.

To help us get a better understanding of people's experiences we used the Short Observational Framework for Inspection (SOFI). We did this on one of the units where people were living with dementia. At lunch time we saw that people who required support with eating received this in a respectful way with staff prompting people with their meals and asking them what they wanted to eat and drink. We looked at care plans for people that indicated if they might need help or have their food cut for them to aid eating. We saw that staff acted in line with individual's plan.

We saw that people living at Combe House had nutritional assessments done to assess their needs and any risks when eating. There was also information on specific dietary needs such as diabetic diets and soft and pureed meals. We saw that if someone found it difficult to eat or swallow advice was sought from the GP and dietician or the speech and language therapist (SALT) and the information received was detailed in the care plan.

We could see that staff training was being monitored and planned for throughout the year by the registered manager. The registered manager had requested places on the training courses that staff needed to attend to keep their training up to date. The registered manager was also able to provide confirmation of the dates of the training updates that were scheduled to take place the following month for moving and handling. This helped to make sure staff stayed up to date. All the care staff we spoke with confirmed they had good access to training and updates and that they had recently had updates on dementia care and the MCA.

We looked at the staff training records and saw that new staff had done induction training when they started working at the home. We could see that dementia awareness training had been provided for staff to help with understanding the condition and how they could support people in the home who were living with dementia. Staff confirmed that they did have the opportunity for regular supervision and support with a senior member of staff and that they had received an annual appraisal of their work.

# Is the service caring?

## Our findings

All the people lived at Combe House that we spoke with made positive comments about the staff approaches and the care and support provided to them in the home by care staff. One person told us. "They're [staff] good and kind to me, they're my friends and take good care of us". Another person said "The girls work very hard" and also "They [care staff] love me and I love them". One person told us they had been in "poor health" when they came to live and now they were being "So well cared for and looked after" that they had improved.

We used the Short Observational Framework for inspection, (SOFI) to observe how people in the home, who could not tell us what they thought about their care, were being supported. We joined people living with dementia in a communal area of the home at lunch time. During our time on the units where people lived we saw that the staff offered people assistance but respected their independence. We saw that staff took the time to speak with people and took up opportunities to interact with them, engage and offer reassurance if needed.

We saw that people were comfortable and relaxed with the staff supporting them. We saw staff talking to people in a calm and friendly manner and called people by their preferred names as stated in their care plans.

Some people needed pieces of equipment to help them maintain their independence. We saw that the staff knew which people needed pieces of equipment to support their independence and provided these when they were required. We saw that people were being supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity.

People who required support with eating received this in a respectful way with staff prompting people with their meals. During lunch we found there was good interaction between staff and people living there and a lot of good humour and laughter.

We saw that staff promoted people's privacy by knocking on bedroom and bathroom doors and asking if they could come in. All the bedrooms at Combe House were for single occupancy and this meant that people were able to spend time in private or see people in private if they wished to. Bedrooms we saw had been made more personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things.

We found that information was available for people in the home to help support their choices. This included information about the services offered, about support agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to help support a person to share their views and wishes.

We found that senior staff had received training on supporting people with bereavement and loss and one had done the 'The Six Steps' palliative care programme. This was a programme aimed to enhance end of life

care and support. Some care staff had received training in this programme. The district nursing service and the person's GP also worked with the home to provide the right care and treatments at the end of a person's life.

We looked at comments and compliments the home had received from people and families who had used the service. One relative had written a card to staff following the death of their loved one. It thanked the staff for the "excellent care" given to their relative and the "dignified way" staff had cared for them at the end of their life.

## Is the service responsive?

### Our findings

During our inspection we received only positive comments from the people living there about their daily life in the home. They told us that daily their routines were flexible depending on what they wanted to do. One person told us "It's hard to say what I like best; it's all very good here. They take good care of me". Another person said, "I just like to sit here where it's quiet and look out, they [staff] know that". We looked at the information in people's care plans about how they wanted to be supported and saw their preferences were clear for staff to be aware of.

The service had a complaints procedure that was on display in the home for people living there and visitors to refer to. There was a system in place for logging any complaints received but there had not been any since our last inspection. There was also a system for logging comments made about the service and the care received. One compliment had been from a visiting professional who commented favourably upon the service on its homely and inclusive atmosphere. No one we spoke with who lived at Combe House made complaints to make about the service. We were told, "I have never needed to make a complaint, if anything does bother me I tell the girls [staff]".

In all the care plans we looked at we saw there were risk assessments in place that identified actual and potential risks and had the control measures to help minimise them. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. Care plans were developed that detailed how these should be met and risks reduced. Care plans for people's needs were focused upon the needs of the individual. For example management plans and strategies to help support a person when they became agitated or upset. We saw that care plans were reviewed and updated to show where people's needs had changed so that staff knew what kind of support people required. For example changes in a person's weight management had been discussed with the GP and changes in a person's skin integrity had been identified and the district nurse contacted.

People who lived at Combe House had access to health care professionals to meet their individual health care needs. The care plans and records that we looked at showed that people were being seen by appropriate professionals to help meet their particular physical, nursing and mental health needs. We saw records in the care plans of the involvement of the speech and language therapist (SALT), community mental health team, district nurses and specialist nurses as well as opticians, chiropodists and dental services.

We saw the service had contingency plans in place in the event of foreseeable emergencies and personal emergency evacuation plans should people ever need to be moved to a safer area in the event of an emergency. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear. However we noted that following a review of risk assessments one person had changed mobility needs that had not been updated in their emergency evacuation plan. These plans are in place should people ever need to be moved to a safer area in the event of an emergency. This was not the case for other people who lived in the home and we raised it with the registered manager who addressed the oversight.

Information on people's preferred social, recreational and religious preferences were recorded in individual care plans. This helped to give staff a more complete picture of the individuals they were supporting. Staff we spoke with did know about the individuals they cared for and what mattered to them. Staff we spoke with had a good understanding of people's backgrounds and lives and this helped them to give support and be more aware of things that might cause people anxiety.

People who lived at Combe House told us about the organised activities that went on in the home and that they discussed these at their own meetings. People had been out recently to amateur operatic events and brass band concert at a local venue. Singers also came into the home to entertain as well. The home had two care staff who took responsibility for overseeing and organising such events and they were allowed the time to do so.

We saw that staff took opportunities to engage people in impromptu activities. On one unit we saw one person singing to other people who lived there. They told us they were "really happy here". We also saw people playing dominoes and chatting and joking with staff and other people living there. People we asked told us they enjoyed the "sing a longs" and the chair exercises they did every other week and the craft sessions.

People living there told us they were able to follow their own faiths and beliefs. They told us that they could attend religious services if they wanted to and that they could see their own priests and ministers as they wanted to.

We saw posters up in the home advertising events such as a demonstration and show of clothing and footwear from a ladies clothing retailer. This was a popular event that the home had put on before and allowed people to look at and choose clothing, footwear and accessories.

The notice board in the foyer had useful information on other support organisations, advocacy services and keeping people safe also the latest newsletter and meeting dates for staff and people living there. There was an activities programme displayed in the home so people knew what was happening.

The home held coffee mornings where friends, relatives and the local community were welcome to attend. The next one was to raise funds for amenities in the home but the September coffee morning was to raise funds for Macmillan nurses, a charity that people in the home supported. Some people who lived there were going to make cakes for the coffee morning.

## Is the service well-led?

### Our findings

People who lived at Combe House said they knew the registered manager of the service and saw them and the supervisor every day to talk with. People told us they felt comfortable talking with them and telling staff how they wanted to be supported. Everyone we spoke with told us that they felt that the home was being well run for them and they were asked how they wanted things done in their home. We saw during our inspection that the supervisor and the registered manager were accessible and spent time with the people who lived in the home and engaged in a positive and informal way with them.

We looked at the minutes of the last 'resident's meetings' and saw that people had discussed a range of issues about what they wanted in their home, such as activities, bingo prizes and menus. Feedback was given at the meeting on events that had taken place such as the 'Eating around the World' themed meal nights.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We found there was a clear management and organisational structure within the home. Staff we spoke with told us they felt the registered manager and provider listened to them and that they had regular staff meetings to promote communication and discussion.

The registered manager used the systems in place to assess the quality of the services in the home. There was an established auditing programme to monitor service provision. Care plans and medication audits were done regularly. Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. Records showed that incidents were recorded and reviewed.

We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified. Maintenance checks were being done regularly by staff and records kept. There were cleaning records to help make sure the premises and equipment were clean and safe to use.

The registered provider carried out their own annual internal quality audits and health and safety audits against their own policies and procedures. There were also regular visits from the operations manager for Cumbria Care to do their own checks on aspects of the service and monitor the standards in the home. We were told that during the monitoring visits the operation's manager spoke with people in the home, staff on duty and any visitors to the service. This meant people were regularly given the opportunity to raise any concerns to a senior person within the organisation.

Staff we spoke with told us that Combe House was "a good place to work" and that the registered manager was "really supportive". One staff member told us, "This is a really well run home" and another that "communication was good". We were told by staff that they had "confidence" in the registered manager and supervisors to listen to them and take action if they had any concerns.



