Orders of St John Care Trust

OSJCT The Coombs

Inspection report

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present during our inspection.

This service was last inspected on 15 May 2013 when it met all the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Coombs provides accommodation and nursing care for up to 37 people who have nursing or dementia care needs. At the time of our inspection there were 34 people who lived in the home.

Summary of findings

The home has 13 bedrooms over 2 floors in the main house and 3 additional 8 bedroom ground floor units attached to the main house.

People were positive about the staff who cared for them. We observed that staff were kind and caring. Staff knew the people who they cared for well. However, although some activities were provided in the home, some people were left unsupervised for long periods or were not provided with daily meaningful activities.

Staff and the registered manager understood their role and responsibilities of protecting vulnerable people. Risks for individual people had been assessed. Staff were given guidance on how to best support people when they were upset or at risk of harm. People who were able to mobilise independently had the freedom to move around the house and units freely. People could choose where they wanted to eat their meals or relax. For example we saw people eating their meals in different areas of the home.

People and relatives told us they had confidence in the registered manager and the staff. A relative said “The manager is very efficient”. We observed a positive relationship between staff and the registered manager and the senior team. Staff had been trained and recruited in a safe and effective way.

We asked the registered manager about their recent achievements and challenges. We were told “We have introduced a dignity champion in the home and are really working hard at understanding and respecting the importance of dignity of people”. Professionals told us they were happy with the care that was provided by The Coombs. One doctor said “The staff seem very organised, very caring. Clinically very good, they call us appropriately”.

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?

Requires Improvement

The service is not safe. Although people's personal cares needs were met, some people were left unsupervised for long periods of times in the home's lounges. Not all people had access to the call bells to alert staff. This may have put them at risk.

However relatives and people who were able to express their feelings told us they felt safe living at The Coombs. Other people who had communication difficulties looked relaxed and content at the home. Staff knew people well and how to support them. People's risks were well managed.

Effective recruitment procedures were in place to ensure that people were being supported by enough suitably qualified staff.

Staff supported people to make day to day decisions or acted in their best interest. We saw evidence that learning had occurred and changes had been implemented to prevent accidents reoccurring.

Is the service effective?

Good

The service is effective. Staff were knowledgeable about the people they cared and were aware of people's needs and their personal backgrounds. People were cared for in line with their care plans. People's dietary needs and preferences were met.

Staff training and support plans were in place which monitored the staff development needs and ensured that staff were kept current in their practices.

When people's needs changed they were referred to the appropriate health and social care professional for further specialist assessments.

Is the service caring?

Good

The service is caring. People told us that staff were friendly and calm. Relatives were also positive about the home.

People were treated with respect and dignity. One member of staff had become a dignity champion and was being encouraged to raise the awareness of respecting the dignity of people who lived in the home.

Staff were knowledge about the people that they supported. People looked contented and relaxed around staff.

Is the service responsive?

Requires Improvement

The service is not always responsive. Activities were limited and did not meet everyone's needs. Some people were left for periods of time with no meaningful activities.

Summary of findings

The staff responded quickly and appropriately when peoples care needs changed. People were involved in the decision to move to The Coombs.

There was a complaints procedure in place and people or their relatives could freely complete comments/suggestions cards. We saw that these cards were monitored and actioned in line with their complaints policy.

Is the service well-led?

Good

The service is well-led. There was a positive atmosphere in The Coombs. People and their relatives spoke highly of the staff and the registered manager. We were told that all the staff were approachable and responded to any concerns raised.

The registered manager set and monitored standards of care and had a clear vision and achievement's to improve the care and support provided at The Coombs. The registered manager was knowledgeable in supporting people to ensure they were protected and safeguarded from harm.

Complaints were dealt with by the registered manager or senior team in an effective and timely way. Monitoring systems were in place to ensure that the service was operating effectively and safely. Internal and external audits were carried out.

OSJCT The Coombs

Detailed findings

Background to this inspection

An unannounced scheduled inspection took place on 16 and 18 July 2014 which meant that the staff and provider did not know we would be visiting the home. The inspection was led by an inspector who was accompanied by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we asked The Coombs to complete and return our 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. Before our inspection, we reviewed the information we held about the home. This enabled us to ensure we were addressing potential areas of concern.

We spent time walking around the home and observing and talking with people and their relatives in various areas of the home including the lounges and dining rooms. We used a Short Observational Framework during our Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of five people. We spoke with 10 people who lived in the home and also six relatives. We also spoke with two health and social care professionals. We looked at staff files including recruitment procedures and the training and development of staff. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective? The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

People who were able to told us they felt safe at The Coombs. For example, one person said "They're all friendly and they are kind to me". Another person said "Yes, I have every faith in the staff; they do a good job looking after us". Relatives also told us the staff were nice and they had never heard or observed staff speaking inappropriately to people. One relative said, "I can honestly say staff here are good, I have never seen anything bad".

However some people's support needs were not always being met when they were resting in the lounge. We observed that some people were left unattended in the main lounge areas for long periods. People had no way to alert staff to their needs other than calling out. We observed people calling out during our inspection. One person said "I don't like having to wait for answers, sometimes you have to wait a long time but it comes eventually". Another person said "They (staff) are pretty busy". In another lounge, we observed that a person was left unsupervised for a long period of time before a member of staff checked on them. Other people told us "I don't have to wait too long" and "they come quickly enough". Each room had a call bell system so they could alert staff if they needed assistance, although some people were unable to use the call bell due to their complex needs. Staff told us that some people choose to stay in their rooms so they have to 'pop into' people's room on a regular basis especially if they are unable to alert staff using the call bell. However one relative said "There is always plenty of staff around, we have no concerns".

Records and training certificates showed us staff had received up to date training in safeguarding people. Staff told us how they would recognise and report potential abuse of the people they cared for or poor care practices. They also told us where they would report to if their concerns were not addressed. New staff had received safeguarding training as part of their induction to care programme. This was in line with the home's safeguarding and whistleblowing policy which was accessible to staff.

Some people who lived at The Coombs needed support to make day to day decisions around their care and support. These decisions were made on their behalf by relatives and staff and took into account their preferences to ensure their care was as personalised and least restrictive as possible. For example one person refused to have a bath and their decision was respected. Staff told us that they would suggest having a bath later on or an alternative way to help them with their personal hygiene would be offered. The staff were knowledgeable and sensitive to the rights and needs of people, for example we saw staff enabling people to make choices about their day such as showing them choices of meals and drinks at lunchtime. Relatives confirmed they were involved in significant decisions about the care and support that was in place to ensure that people's best interests had been considered.

We found that staff understood their role in meeting the requirements of protecting people under the Mental Capacity Act 2005 (2009) (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. For example we saw one person being given support making day to day choices about their preferred meal but their family and doctor had been consulted when they needed to consider if a chiropodist referral should be made.

DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware of their role and responsibilities when identifying people whose may be deprived of their liberty. People's liberties were being assessed and monitored. One application was in the process of being submitted to the appropriate authorities. The relative of this person confirmed they had been fully involved in the decision to make the application.

We looked at five staff files which showed that safe and effective recruitments practices were in place to ensure that people were being cared for by staff whose previous employment had been vetted and checked.

People were being cared for in line with their care records. Each person had individualised care records which contained risk assessments that gave staff clear direction and guidance to help minimise risk of injury or harm to a person. This included providing staff with guidance on how to support people both with their physical needs as well as their emotional needs if they became upset. Fire risk assessments were also in place for each person. People's risks were being managed well and took account of their

Requires Improvement

Is the service safe?

choices and independence. For example we saw staff guiding but encouraging people when they were standing from a chair. We also saw staff encouraging people to drink as it was a hot day.

We found that accidents and incidents had been reported appropriately. The records showed us the registered manager monitored incident reports and put measures in to place to reduce the risk of them happening again. For example people who had high risks of falls were being monitored and supported to help reduce the risks. Some people had been referred to the physiotherapist to be assessed for walking equipment to help them reduce the risk of falling.

Good

Is the service effective?

Our findings

People told us that they were looked after well by staff. One person said "I'm fine here, they are very good carers". We spoke with six relatives about the care their family members received. One relative said, "Generally speaking I am very pleased with the care my mum receives here". Another relative said about their family member, "She is well cared for, staff understand her, she is a strong character".

Many people who lived in the home had complex needs and were living with dementia. From talking to staff it was clear that they knew people well. They were aware of people's needs and their personal backgrounds. Most people were from the local area and we observed staff talking to people about the living and growing up in the area. Staff were aware of people's preferences and choices regarding their care and support. Staff understood the support needs of people and how to monitor their health and care, for example monitoring people who were at risk of pressure sores or unstable blood sugars. People's care records gave staff guidance and clear instructions how to meet these health needs. Risk assessments and management plans were in place. People were referred to appropriate health care professionals if their needs and health changed. People were regularly reassessed by the optician and dentist. We spoke with two health and social professionals who visited people when needed. One visiting doctor said "The manager is good. We come once a fortnight generally. Residents are always well cared for and seem relatively happy. Families usually seem pleased with the care here. It's generally a really good nursing home".

We observed people eating their lunchtime meal in the dining room using our Short Observational Framework. People who needed help eating their food were assisted in a dignified and supportive way. Staff supported people at eat at the pace of the person and provided them with information such as the texture or flavour of the food. People told us they enjoyed the food. One person said "The food here is good, I don't mind what I get, and it's always good". Staff supported and chatted with people throughout the lunchtime period. People had the choice to eat in the dining rooms, in the lounge or in their rooms. People were offered a choice of food and drinks from the food trolley. Staff were aware of people's likes and dislikes. If people didn't like what was on offer an alternative meal was provided. One staff member said "If we notice that people have a poor appetite or they refuse any food or drinks, we monitor them and inform the other staff". We were told that the kitchen staff would offer a meal or snack that they liked to tempt them to eat. People were asked about their views about the meals in a variety of ways such as during their six monthly review of care and this was reported back to the kitchen.

People were cared for by staff who had been trained to carry out their role. A health care professional told that staff were trained to do their job and were caring and kind. We looked at the training that staff had completed. Staff had carried out induction training when they first started working at the home. Staff confirmed they had initially shadowed more experienced members of staff for two weeks. One new staff member said "Training is excellent; I was surprised how much we get". Another member of staff said "We get regular training, it very good". From the internal training records we saw that staff had attended appropriate training such as moving and handling people, to meet the needs of the people who lived in the home. A 'back to basics' procedure had been implemented by the provider, which ensured that the competency levels of staff were being continually assessed and monitored.

The registered manager was working on an action plan to ensure that all staff were supervised and supported in line with the provider's policy by the end of November 2014. Records showed that regular support meetings with staff had started and planned. Staff told us they felt supported and could always approach a senior member of staff for assistance. One staff member said, "We receive informal support all the time". Records showed that staff support meetings were planned. Staff shared information about good practices in team meetings, nurses meetings.

Good

Is the service caring?

Our findings

People who were able to talk to us told that staff were respectful and caring. Our observations of staff confirmed this. Staff approached people in a positive manner and shared a joke or asked about their well-being. They were knowledgeable about people's life histories and important family contacts. We heard staff discussing the weather and orientating people to the date and the time of the year. We observed staff asking people if they would like assistance and their wishes were respected. One person said "The staff are wonderful; hand-picked". We saw that one person refused any help which was respected by the staff member. This staff member observed this person from a distance and then offered again when they saw the person struggling. This person gratefully accepted assistance on this occasion. One person said, "The staff are very kind, we are well cared for here". Another person said "They are so kind to me, I can't fault them".

A member of staff was a dignity champion and was trying to enhance the culture of respecting and valuing people's dignity. This person's role was to ensure that all staff understood the value of treating someone with dignity. The staff had produced a picture of a 'dignity tree'. At the end of each branch there was a different statement of staff's personal understanding of what dignity meant. This helped staff to share ideas and have better understanding of the different aspects of dignity for the people they care for. The registered manager told us "Staff have really responded well to 'really understanding and valuing' people's dignity". The registered manager went to explain that staff were taking their care one step further and really considering how they should focus the care around individuals and said "every second should count when caring for someone".

We observed a staff member who said to a person "Let's do your hair; it is stuck out since you pulled your jumper over your head". People told us they felt staff were kind and always informed of their actions. One person said "Staff always make sure I look nice". Another person said, "I generally have the same routine everyday but the carers always ask me anyway". Staff were observed knocking on doors prior to entering and personal care was delivered behind a closed door ensuring their privacy was maintained. However one relative said "Although staff are kind, I am not sure they understand what the dignity of someone means". This relative went on to explain that during a recent visit they found their relative clothes 'rucked up' and said "My mother wouldn't have sat with her clothes rucked up at home". This relative then explained "Staff are always very kind and there had only been occasional concerns".

During our inspection we spoke with five people who lived in the home and some relatives. All the said that they felt the staff were kind and caring. We heard comments such as "I'm glad you found it for me"; "The girls are very nice here"; "Yes, the staff are lovely, they do a marvellous job looking after us all". Another person smiled and said "They are very kind to me". Some people in the home were unable to express their views but we saw staff actively trying to involve them in day to day decisions for example giving them choice on where to sit to eat their meals or rest after their meal. People were presented with choices. Where people were not able to make decisions we saw staff knew people well enough to help them make a choice. For example we heard one member of staff say to a person who wanted to go outside in the garden, "It's a very hot day; it may be too hot for you. May be you should go out later this afternoon when it is a bit cooler in the garden". This person agreed and was happy with the answer. We saw this person outside later in the afternoon.

Requires Improvement

Is the service responsive?

Our findings

People's personal interests had been recorded in their care records and personal history books but there was little evidence that activities centred on individual people. We observed that TV's were on in the lounges and in people's rooms but were not being watched by the majority of people. Books, magazines and activity boxes were available in the lounges. However, we found that staff were too busy attending to people's care needs and they did not have time to socialise and share time with people.

People did not always have access to social activities during the day. An activities coordinator had arranged a programme of activities for the home which included bingo, reminiscence groups, baking, mind songs and seasonal activities and events. People were also visited by the hairdresser or had pampering sessions including cleaning and painting their nails. We were told that volunteers and students from a local college had visited the home and talked to people. External entertainers and representatives from the local churches had also visited the home. During our inspection, a film was being shown in the main lounge and people were given ice creams. Only six people watched the film, some people were asleep. One staff member said, "I've been around asking everyone if they to come over for the film but they've all got big tellies in their rooms". We asked people if staff spent time with them. One person said "It depends if they have got time". Although the activity records showed activities occurred most week days not all people had been involved in these activities. Not everybody carried out activities which matched their interests as documented in their care records. One person said "TV's a godsend. Nothing else to do all day except sleep – mind, I don't want to do much now". Another person said "I talk quite a lot to the other patients and look at the daily paper. I like to watch TV occasionally". We found that activities were not always carried out at the weekend or in the evening.

People were assessed by the registered manager before they moved into the home. One relative said "The manager came and visited (name) in hospital. We were told about the home. They were very supportive and very kind and involved us all". People we spoke with were unable to recall their experience of moving into the home. People's care records were detailed and reflected people's personal and daily needs. People who were able to communicate were involved in planning and reviewing their care. The registered manager told us that relatives were always invited to be involved with consent form the person. One relative said "We are always involved in decisions or changes in Mum's care". Whilst staff encouraged people to be independent, we found that some care records did not always reflect the independence levels of people and if they had any goals that they would like to achieve. A relative said, "Staff do their best encouraging Mum but she doesn't always want to do much for herself these days".

People's needs were regularly reviewed and their care records reflected any changes in people's needs. The home ran a 'resident of the day' programme which gave an opportunity for the full needs of one person each day to be thoroughly reviewed by all staff members. This review also included input from the night staff and kitchen and housekeeping staff to ensure all the needs and welfare of a person was considered. Staff told us people and their relatives were involved in this review. We saw that people's care records reflected any changes in their needs. Daily handovers meetings at the beginning of each shift and daily records gave staff up to date information about people they cared for. However the daily records did not always reflect people's social and emotional support that they had required throughout their day. This may help staff to share and better understand the people they care for.

People and their relatives were being encouraged to feedback any concerns or comments to the registered manager. One relative said "I have never had to raise a concern but if I did I know I would be listed to". They also said "Staff are always happy to stop and feedback to me about how my mother is doing, it's never too much trouble". We saw that people had raised concerns by completing a simple comments card. People were also being encouraged to complete a provider's sealed comment card called "How would you rate our care home?" This gave people and their relatives the opportunity to confidentially report any compliments or concerns. We were told that the activities coordinator or volunteers at the home talked to people who were not able to complete a comments card and helped them to express their views. There was evidence that the registered manager had responded to people's concerns. For example the laundry system had been reviewed as there had been a

Requires Improvement

Is the service responsive?

concern about the mix up of people's clothes. The registered manager had put actions into place to prevent the incident reoccurring again and had communicated this to the staff.

Good

Is the service well-led?

Our findings

The registered manager was well thought of by staff, people who lived in the home and their relatives. One relative said, "I spoke with the manager during my visit. I noticed that the door to her office was always open and that they had a warm and open relationship with the residents and staff". The registered manager had a clear vision about the future, with aspirations that all staff should be trained in end of life care and fully skilled to support people with dementia. The registered manager had kept up to date with current practices by attending training courses and linking with health care professional to ensure that her knowledge was up to date for caring for people with a dementia.. For example she had recently attended an advanced management level training in safeguarding adults and had planned to undertake training to gain a county recognised qualification in dementia leadership.

The registered manager provided a good role model to staff and was available to them for support and guidance. The registered manager was keen to improve the service provided and drive change in the culture of the home and the staff approach when caring for people. The registered manager lead by example with an open but person centred approach. The registered manager explained, "It is important that staff realise that every second that you spend with a person counts. You should do things with people and not always for them; they should always be involved". The registered manager wanted to ensure that respecting people's dignity was embedded into how staff cared for people. Staff had a good understanding of what dignity meant when caring for people and this was shown in their delivery of care.

People and their relatives were happy with the registered manager and felt that she was involved in the home. The registered manager knew people and their relatives well and had a good understanding of people's health and social needs. A relative said "Staff are very good here. The management is caring and approachable. They know my Mum". Another relative said "The team here is very very good. You can always go to the manager; she has got her finger on things and always responds to my concerns".

The registered manager had notified the Care quality Commission and other authorities of all significant events which had occurred in line with their legal responsibilities. The registered manager was also aware of her role and responsibilities in the event of an infection control outbreak which was in line with the provider policy. An accessible emergence folder was in place in the event of an emergency which included information such as important contact telephone numbers and the details of 'buddy homes or the nearby hospice' if people in the home had to be evacuated.

People and their relative's views were gained by regular meetings. We were told that people who were unable to attend the meetings were individually asked about their views. For example we saw that the subject of meals within the home had been discussed and food choices had been changed as a result of people's comments. We were told that there had not been any recent complaints and that the registered manager dealt with any day to day issues immediately. Relatives told us they could always raise any concern with staff or the registered manager and it would be immediately acted on.

Records confirmed regular audits and monitoring of the home were taking place and action had been taken in respect of any shortfalls. The manager showed us that the audits had generated an action plan where shortfalls had been found. For example, the registered manager was working on systems to ensure that staff were regularly supported and supervised. Staff however told us they were able to approach team members or the registered manager if they had any concerns.

Accident and incidents had been recorded and analysed by the registered manager. However we found that although falls of people had been recorded, the incidents had not been thoroughly reviewed to identify if there were any trends or patterns of falls in the home. We raised this with the registered manager who told us she was aware of the falls of individual people who had been reassessed but would start to record and monitor these falls in more detail. This would help staff to adapt their approach if a pattern of people falling at a certain time or in a specific area of the home emerged.

There were effective quality assurance systems in place to monitor the care provided and the running of the home. For example, monitoring health and safety and infection control. The provider carried out internal quality audits to ensure the service was meeting the needs of the people

Good

Is the service well-led?

who lived in the home and was running in line with the provider's policies and procedures. The provider also provided regular support to the registered manager and visited the home regularly.