Mrs Krystyna Gordon

# Anne Residential Homes - 74 Coombe

## Inspection report

74 Coombe Lane West
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## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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

The inspection took place on 23 November 2016 and was announced. We last inspected the service in September 2014 and at that time the provider was meeting the regulations we checked.

74, Coombe provides care and accommodation for up to four older people, some of whom are living with dementia. On the day of the inspection three people lived at the home.

The service had a registered manager. 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.

People told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

Our inspection of care records showed risks to people were assessed and there was guidance for staff as to how those risks should be managed to reduce the likelihood of harm.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

People received their medicines safely from appropriately trained staff.

Staff received training and support they said helped them with their role of providing good, effective care to people in the home. Staff communicated with people effectively and they received support from staff as necessary in a careful and, dignified manner.

The registered manager took appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. We saw and heard staff encouraging people to make their own decisions and giving them the time and support to do so.

People were supported to maintain a healthy balanced diet and adequate hydration. People told us they enjoyed their meals, there was plenty of food and we observed people were not rushed.

People had access to health care services to ensure their health care needs were met.

People and their relatives said that staff were kind, caring and compassionate. Staff knew people well and were able to provide care in the way they needed and wanted. Staff also recognised people's right to privacy, promoted their dignity and respected their wishes.

People's care was planned with them and their relatives so they were able to say how they wanted their needs met. Their care records were personalised and reviewed regularly or as their needs changed. People's care records detailed people's preferences.

Where possible people had choice and control over their lives and were supported to engage in various activities within the home and in the community.

People, relatives and staff were positive in their comments about the registered manager. They said they promoted an open and positive working environment that they felt able to contribute positively to the development of the service.

We saw there were informal quality assurance audits in place. However the registered manager recognised that this needed to be more formalised and told us they planned to implement a monthly written report that would provide valuable information to develop and improve the service.

Where suggestions or comments were received the registered manager used the information to develop and improve the service.

## 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. People told us they felt safe living at the service. Relatives said their relatives were kept safe.

People were supported by sufficient numbers of suitable, experienced and skilled staff. Staff were able to recognise and had a good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People lived in a clean and tidy environment which was regularly maintained.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

### Is the service effective?

Good

The service was effective. People were cared for by skilled and experienced staff who received training and support.

Staff understood and applied the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) as required.

People were supported to maintain a healthy balanced diet.

People had access to health care services to ensure their health care needs were met.

### Is the service caring?

Good

The service was caring. Staff were committed to provide good care for people and fully understood their needs. Staff knew people well as most had lived in the home for many years.

People were supported by staff who respected their dignity and maintained their privacy. Very positive caring relationships had

been formed between people, relatives and staff. People and their relatives were actively involved in decisions about their care and support.

People's end of life wishes were well documented.

## Is the service responsive?

Good

The service was responsive. People's care records were personalised reflecting their individual and current needs. Care plans were drawn up together with people and their relatives and they reflected their wishes and preferences for how care was provided. Care plans were reviewed monthly with people and their relatives.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

## Is the service well-led?

Good

The service was well led. There was a positive culture within the service. There were clear values that included involvement, compassion, dignity and respect. The registered manager provided good leadership and led by example.

People, relatives and staff were able to express their opinions and views and were encouraged and supported to have their voice heard.

The registered manager identified the home's formal quality assurance systems needed improvement to record the systems already in place. They showed us evidence of their plan to improve this aspect of the service and to ensure they have robust and effective systems in place to assess and monitor the quality of the service.

# Anne Residential Homes - 74 Coombe

**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 checked 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.

The inspection was undertaken by one inspector on 23 November 2016 and was announced. The provider was given 24 hours' notice because the location is small and the registered manager and residents are often all out during the day. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with one person who used the service. The two other people had complex needs and were unable to fully share their experiences of using the service with us.. We also spoke with the registered manager and a member of staff. We spoke with three relatives and two health and social care professionals who supported people within the service.

We inspected the premises and observed and heard how staff interacted with people. We looked at all three people's records which related to their care needs. We looked at three staff files and other records associated with the management of the service.

Good

# Is the service safe?

## Our findings

People who were able to told us they felt safe. One person said; "I feel safe here. Staff look after us all well and if anything is out of place the staff deal with it quickly." A relative said; "Yes I feel [my family member] is safe living there." Another relative said; "Safe, they are definitely safe. I visit two to three times a week and I'd spot it if they weren't safe and well cared for."

People were protected by staff who knew how to recognise signs of possible abuse. Staff said any reported signs of suspected abuse would be taken seriously and investigated thoroughly. Training records showed that staff completed safeguarding training and staff talked us through the actions they would take if they identified potential abuse that had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Staff told us if any safeguarding issues arose they would be discussed within daily handover meetings. The registered manager told us they ensured staff understood the different forms of harm and abuse through discussion and training. Staff explained how they might know if someone was anxious if they were unable to communicate. One said; "I have worked here for a long time, we know people very well and recognise when someone is unhappy."

People lived in an environment that was safe, secure, clean and hygienic and regularly maintained. Protective clothing such as gloves and aprons were readily available to help reduce the risk of cross infection. People had individual emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to emergency services so they could be supported and evacuated from the building in the correct way. Care records and risk assessments detailed how staff needed to support people if there was a fire to keep people safe.

People had up to date risk assessments that helped to reduce any identified risks they faced living in the home or if they went out into the community. People and their relatives told us they were involved in planning these risk assessments. Risk assessments highlighted individual risks related to people falling, diet, skin care and mobility. Those who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, for example air mattresses. Personal care plans highlighted staff were vigilant in checking people's skin; used prescribed skin creams when needed and helped people maintain their mobility. Staff showed they were knowledgeable about the care needs of people including their risks and when people required extra support. For example, when people confined to bed needed two staff to support them turning, this was actioned. This helped to ensure people were moved safely.

Accidents and incidents were recorded and analysed to identify what had happened and action the staff should take in the future to reduce the risk of reoccurrences. Any themes were noted and learning from accidents or incidents were shared with the staff team and appropriate changes were made. This helped to minimise the possibility of repeated incidents.

People, relatives and healthcare professionals agreed there were sufficient staff to help keep people safe. We saw there were enough staff on duty on the day of the inspection. Staff were seen to be supporting

people appropriately at all times, for example at mealtimes. The registered manager said staffing numbers were reviewed and increased to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe. For example they told us agency staff could be made available if additional help was needed.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Recruitment files included relevant recruitment checks such as criminal record checks. This ensured the registered manager could minimise any risks to people as staff were competent and safe to work with vulnerable people. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

We checked to see if people's medicines were managed and given to people safely and as prescribed. We looked at people's medicines administration records (MARs). We found the MARs had been completed but some of the staff signatures were outside of the relevant timed boxes. The registered manager explained that some medicines were required to be given after food and in these cases the timing of medicines administered depended on when people ate their meals. This explained the signatures of staff not being placed in the timed boxes. Staff said they had received training some years earlier and confirmed they understood the importance of safe administration and management of medicines. The registered manager acknowledged that staff training needed to be refreshed and they told us arrangements were made for this to be carried out in December 2016. We saw evidence of this.

Where people had trouble with tablets due to swallowing difficulties either liquid medicine had been arranged or advice from GP's had been sought. All other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained.

Good

# Is the service effective?

## Our findings

People received effective care and support from staff who received training and support from the registered manager. Staff had the skills and knowledge to perform their roles and responsibilities effectively. Staff knew the people they supported well and this helped ensure their needs were met effectively.

One person said of the staff; "They really couldn't be better. I get spoilt here, the staff know me well and they look after me and the other people living here so very well."

Staff confirmed they completed an induction programme and said they were given sufficient time to read records and work alongside experienced staff to fully understand people's care needs. Training records indicated staff had completed training to meet the needs of people effectively. This training included safeguarding adults, health and safety, manual handling, fire awareness and infection control. We commented to the registered manager that staff received this training three or more years ago and we were informed that there was a programme of refresher training for all staff planned for the near future. We saw evidence of this.

Staff told us they received an annual appraisal and supervision with the registered manager. They also confirmed they had opportunities to discuss any issues on a daily basis with the registered manager and they said this helped them best meet people's needs effectively. We observed this to be true through the course of our inspection. It was evident that staff communicated effectively and shared information through regular, daily handovers.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw evidence that people's mental capacity was assessed. Best interest decisions were taken where necessary in consultation with relevant professionals and relatives. Relatives and staff were aware of the outcome of best interest meetings which meant care being provided by staff was in line with people's best interest. We spoke with the registered manager and staff about their understanding of the MCA and DoLS. The registered manager and staff had undertaken MCA training and were aware of the process to follow if it was assessed people could be deprived of their liberty and freedom.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered manager confirmed two people had been subject to a DoLS application to help keep them safe. We saw documentation that confirmed this. Records evidenced consent was sought

through verbal, nonverbal and written means. For example, if people were unable to communicate verbally staff were observant of their body language. Staff ensured people were able to make an informed choice and understood what was being planned. Relatives told us staff offered their family members choices in the care they provided. Care plans gave clear guidance for staff to ensure explanations were provided to people about their care and treatment and their views respected.

People told us they really enjoyed the food provided for them. One person said, "Lovely food, couldn't ask for better and there's always plenty of it." A relative told us, "We'd happily eat there every day, the food is excellent." Another relative, "I visit every week sometime two or three times and the food is so good." We saw people eating their lunch time meal and we can confirm it was of a high quality.

We saw that people's individual nutritional and hydration needs were met. People could choose what they would like to eat and drink. People also had their specific dietary needs catered for. Where it was needed people were shown pictures of the meals to help them decide what they wanted to eat. Care records were used to provide guidance and information to staff about how to meet individual dietary needs. Records identified what people disliked or enjoyed. A nutritional screening tool was used when needed to identify if a person was at risk of malnutrition. People's weight was monitored and staff confirmed food and fluid charts were completed when needed.

People and their relatives were very positive about the food provided for them. We observed mealtimes were unrushed and people and staff all ate together and were engaged in conversation. People were relaxed at meal times and those who required assistance had staff support during mealtimes.

People had access to healthcare services, their GP and district nurses visited and carried out health checks. Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments. People whose health had deteriorated were referred to relevant health services for additional support. The GP for this home told us staff recognised when people were unwell and needed a medical review and sought help appropriately. Staff consulted with external healthcare professionals such as the district nurses when completing risk assessments for people, for example the tissue viability nurse. The GP confirmed communication was good and they were called promptly when needed and appropriately. This helped to ensure people's health was effectively managed.

Good

# Is the service caring?

## Our findings

People and relatives were very positive about the quality of care and support people received. Comments from relatives included, "The staff approach is so very good, they are very dedicated," "They genuinely care about the residents," "They are very good and kind," "If you had to go to a care home this is where I'd want to go." A health care professional also commented on how well cared for people were in particular those needing significant levels of care. For example we were told about one person who was admitted from hospital with pressure ulcers and now no longer had them due to the care the person has since received.

There was a strong person centred approach within the service and the provider was very good at helping people to express their views. Where people were unable to do so, their relatives were involved in all aspects about their care, treatment and support. This meant that people were appropriately supported to make informed decisions about their care.

The registered manager told us, "My aim is to provide an outstanding service for people and to provide a homely and friendly atmosphere for people." This was evidenced on the day we visited.

People were spoken to in a friendly, courteous manner at all times. Staff were observed treating people with kindness, patience and compassion throughout our inspection. We saw the relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. Staff ensured people had their choices met. For example, people who liked a glass of wine with their meal were provided this. Staff spoke with people in a kind, gentle way and in a polite manner and in ways they would like to be spoken with.

Staff showed concern for people's well-being in a meaningful way and spoke about them in a caring way. Discussions with staff showed they knew people well and what was important to them. One member of staff said in respect of people who were confined to their beds "We try to give them as much individual time as possible, check on them all the time and make sure they are comfortable and clean. The people here have been with us a long time and we know how they like to be cared for." Professionals agreed the staff were very caring, were aware of people's wellbeing and contacted then promptly and appropriately for assistance.

People and their relatives told us their privacy and dignity were respected. Staff maintained people's privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care, and ensuring doors were closed when person care was delivered.

People's end of life was planned with them and their relatives. Files held details of people's wishes on resuscitation. This helped to ensure staff provided a compassionate and empathetic service for people nearing the end of their lives and their families.

Good

# Is the service responsive?

## Our findings

People were central to the care planning process which was person centred at all times. People were cared for and supported by staff who were responsive to their needs. Staff knew people well and they knew how people liked to be supported.

Care plans were reviewed monthly and this provided staff with up to date information on people. Health care professionals and relatives told us they were involved in this process to ensure the home could meet people's needs. We saw that relatives were encouraged to be a part of the assessment and care planning process where appropriate.

Where people were able, they were involved with planning their care. Where people were unable because of their complex needs, their relatives were then partners in the care planning process. For example, where people's general health had deteriorated this was discussed with the person where possible. Staff then responded by contacting the GP and district nurses for advice and support, this helped ensure they remained comfortable. Relatives also confirmed staff kept them informed of any changes. A relative said; "They always let us know what is going on." When people's needs changed, care plans were reviewed and amended to reflect any change. Healthcare professionals agreed the service was responsive to people's needs when they became unwell and contacted them quickly and appropriately.

People's care records included information about their background and needs, including their health and social care needs and personal care needs. Care plans recorded people's physical needs such as their mobility and personal care needs choices. Additional information recorded included how staff could respond to people's emotional needs, for example those people living with dementia and who required extra support. This information was clear for staff to respond appropriately to support people. Care records were reviewed monthly with people or their relatives. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

People were able to call for staff assistance at all times to respond to their needs. People had access to call bells. This enabled people to call at any time and staff could respond if people required assistance. We saw people who chose to stay in their bedrooms had their call bells next to them.

People were provided choice on a day to day basis, for example being offered a choice of drink with their meals. Where people's dementia was advanced, some limited activities were provided. For another person who did not have dementia, more activities were arranged. One person told us, "I go out for drives with staff and we have parties here at home." Staff told us people were able to spend time outside in the large garden when the weather allowed.

Relatives confirmed they were able to visit when they wished and often enjoyed a meal at the home. A health care professional commented about people always appearing happy. People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. They went onto say they felt the management would take action to address any issues or concerns raised. One

relative said; "I have never needed to make a complaint" and one person said, "I have not had any complaints." The GP we spoke with confirmed they had not had any concerns about the service.

The home had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The procedure was clearly displayed for people to access.

Good

# Is the service well-led?

## Our findings

The service was well led. There was a positive attitude with staff and the registered manager in the service. People, relatives and staff all spoke positively about the staff and the registered manager. One person said; "They run the home as a family home, it is small and we all eat together and it feels like home." One health professional commented, "The manager always makes themselves available to us" and "They know people in the home really well and are both available and approachable for us."

The registered manager had clear vision, values and enthusiasm about how they wished the service to be provided and these values were shared with the staff team.

Staff were aware of their roles and those of the registered manager. The registered manager demonstrated they knew the details of the care provided to people which showed they had regular contact with people and the staff.

This service was run and operated as a small family home and the registered manager was able to take a very active role with the running of the home and had good knowledge of the staff and people. The registered manager's vision for the future was to maintain the standard of care they had achieved to date. They shared their goals of continuing to provide excellent care, enabling people to experience the best care possible.

Staff said they were happy in their work, the registered manager motivated them to provide a good quality service and they understood what was expected of them. Staff said the registered manager had an open door policy and worked alongside them by providing care to people.

We found the quality assurance system in place in the home needed some development and this was recognised by the registered manager. We saw that people's views and those of their relatives were sought about aspects of care provided, however the recording of this information was not always as good as it could be. The registered manager recognised this and told us that a new quality assurance report and process was to be implemented with monthly written reports and audits to include health and safety aspects of the home, a medicines audit and a feedback survey for people, their relatives and visiting professionals such as the GP and district nurses. The registered manager told us this would help them formally set out what improvements were needed within the service and also record the positive aspects that existed with this service. The registered manager told us that relatives, staff and professionals would be provided with an annual report that contained the results of regular audits so they could see what improvements had been made or were planned.