

Aitch Care Homes (London) Limited

Combe House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Combe House is a residential care home that provides support and personal care for up to seven adults with learning disabilities. The people who live at Combe House have significant support needs because of their disabilities, communication impairments, mental health and autism.

Although the service was developed and designed according to the values that underpin the Registering the Right Support (Registering the Right Support CQC policy) and other best practice guidance, the provider did not always ensure that care and support to people was being provided in line with these values which include choice, promotion of independence and inclusion. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found:

Most people living at Combe House were not able to tell us verbally about the care they received. We spoke with two people who lived at the service who were able to tell us some information about their care. These two people both said they were happy living at Combe House.

Relatives still had concerns over some risk management, responses to complaints and communication around people's ongoing care needs and support.

We found there were gaps regarding some areas of risk management. We found there were still shortfalls with specific needs training that staff had not completed. Some staff told us they had not attended training around needs for which they were supporting people with and this was evident when we spoke to staff about their knowledge in areas such as autism and mental health. We found a concern with the way one person's medicines had been managed which had resulted in them not receiving their medication for six days.

Concerns had previously been raised by relatives around the amount of person-centred activities for people living at the service. We found on inspection there was a lack of meaningful activities for people to do. Management also agreed this was an area they were looking to focus on to improve for people. The lack of person-centred activities had been raised during the last inspection and although the provider had included this in their action plan stating improvements had been made. We did not find any improvements had been made in terms of making activities more meaningful and person-centred for people.

Some people were unable to give their consent or make decisions about their care and supervision. The service was not acting within the requirements of the Mental Capacity Act 2005 by demonstrating how and

why decisions were made in a person's best interest.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There was a lack of detail around quality monitoring and leadership at the home. Although some service audits had been completed, these were not robust and had failed to identify the issues we found on inspection. Some relatives raised concerns about their overall trust in the service with two relatives telling us they had lost faith and trust in the management of the service. We found some of the information provided on the day of inspection to be conflicting. On one occasion the registered manager admitted to covering for staff for a medicine related issue without investigating what had happened.

Recording of incidents and accidents was not always clear and easy to understand. We did not see any details on how this information is analysed or used to prevent risk of further incidents from taking place. One incident that had been recorded and notified to the local authority had not been notified to the CQC in line with legal requirements.

Improvements had been made to people's living environment and infection control. People lived in an environment that was clean and suitable for their needs.

Improvements had been made for some people around positive behaviour support. Management at the home had sought support from a professional behaviour specialist to work alongside people in the home and develop plans to support them considering their changing needs. We found this had been recently introduced and so would require more time to embed and develop.

Improvements had been made with staff training since the last inspection around epilepsy rescue medication and fire marshal training. The provider had also considered the issues found in the last inspection with staff deployment. The provider now had adequate levels of staffing on both day and night shifts.

We observed caring interactions between staff and people and we noticed that people were comfortable and smiling when interacting with staff. This created a friendly atmosphere within the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update):

The last rating for this service was requires improvement (published 29 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We found that some improvements had been made following the previous inspection. However, in some areas not enough improvement had been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected:

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Combe House on our website at www.cqc.org.uk.

Enforcement:

We have identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, person-centred care, need for consent, complaints and good governance. One breach of the Care Quality Commission (Registration) Regulations 2009.

The breaches in safe care and treatment, person-centred care, need for consent and good governance were continued breaches from the previous inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Combe House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Two inspectors carried out the inspection.

Service and service type

Combe House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Before the inspection

We used the information the registered manager sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also used information supplied to us from an action plan the provider was asked to complete following the last inspection.

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We spoke with two people who lived at the home who were able to give us their views. We spoke with two care staff, the registered manager, locality manager, regional manager and the providers area director. We spent time observing how staff cared for and supported people. We also completed a check of the premises.

We looked at care records for four people, including their assessments, care plans and risk assessments. We read minutes of staff meetings, residents' meetings and the results of surveys. We checked three staff files, medicines management and recording, accident and incident records, quality monitoring checks and audits.

We requested additional evidence that we could not view on the day to be sent to us.

After the inspection

The registered manager sent us further information that we had requested. We spoke with four relatives by telephone to hear their feedback about the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong:

At our last inspection we found the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found although some improvements had been made, there were still shortfalls regarding how risks were managed. This meant the provider was still in breach of regulation 12

- Risks to some people's safety had not always been assessed, monitored and managed so they were supported to stay safe. The home had been undergoing refurbishment to the kitchen, which was still taking place on the day's we visited for the inspection. However, no risk assessment had been completed to look at the risks from the noise and work being undertaken. One person's care plan stated they were not comfortable around people unfamiliar to them and were also sensitive to loud noises. We raised this with the registered manager who told us, "I didn't realise they were going to make so much noise, so I didn't risk assess that."
- One person's care plan detailed they did not like long journeys and could become agitated at certain aspects of a car journey. There was no information within this person's care plan to detail the level of risk with regards to travelling in the car or what the risks were for people and staff sitting in the car. As a result, there had been an incident of physical aggression towards staff when taking this person out in a car. The registered manager told us a positive support specialist was now working with this person to identify the triggers and work alongside the service to provide future risk assessment. A relative told us that although they felt having a positive support specialist was a step in the right direction, this most recent incident could have been avoided had the risks been properly assessed at the time.
- Action was not always taken following incidents to minimise the risk of them happening again. Incident forms had been completed but there was duplicated information across a variation of dates all stating the same incident with the same outcome. For example, on three separate occasions the incident record showed one person had hit their head causing a significant injury. When we spoke to the registered manager about this they confirmed this was one incident. They were unable to state why it had been recorded three times on different dates. There was no record of any analysis to detail what action had been put in place to stop any future incidents.
- Following the inspection, we were sent an updated accidents and incidents list from the registered manager. However, this did not contain details of what action had been put in place to reduce risk to people and was not clear how the information could be analysed to check for any patterns or trends to identify any

areas of continuing risk.

- In other areas we found improvements had been made to how risks were assessed and managed. People's risk level at night had been reduced. As an action from the last inspection staff had been trained in the use of rescue medicines for people with epilepsy. This included any agency staff who were required to have completed training before they could work a night shift.
- In addition, staff had also received appropriate fire training. This ensured that staff working at night were all trained as fire marshals. This was in line with the recommendations made by the fire service.
- Staff had received appropriate medicines training. A concern from the last inspection was the lack of staff trained in administering medicines. From records we identified that most staff had received the required training for medicines and those who had not completed the training had it booked.
- There was good guidance in place around risk management for epilepsy. One person who had epilepsy had a detailed section in their care plan around what their epilepsy looked like. It described what happened during a seizure and gave instructions to staff on how best to support them, such as staying with them, holding their hand and offering gentle reassurance.

Using medicines safely:

- People's medicines were not always administered safely. One person's medicine administration record (MAR) had an unexplained gap. We checked all MAR records for people and identified for a period of six days this person had not received their medication. We spoke to the registered manager about this and at first, they stated the medicine had run out. They then stated, "I just said that to cover for them [meaning staff]." The registered manager admitted they did not know why there was a gap and said they would investigate to find out what had happened.
- Following the inspection, the registered manager told us an investigation had been conducted by the service manager around the missed medication and found a lack of communication had led to the medicines not being reordered. As a result of the investigation procedures had been put in place which included daily checks of medicines and to liaise with the pharmacy to ensure prescriptions were requested and completed. The person who had missed their medicines had not come to harm and their GP had been contacted for advice.

Systems were not robust enough to demonstrate risks to people's safety was effectively managed. Medicines were not safely managed for people. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicines were stored safely. People's medicines were kept locked in a secure cupboard along with any stock or specialist medicines. There was a system in place for returning unused medicines.

Systems and processes to safeguard people from the risk of abuse:

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Staff had received training and guidance. They knew how to recognise and report potential abuse so that they could take action if they were concerned that a person was at risk. A person said, "I do feel safe here." A staff member said, "It's all about keeping people safe and making sure they come first. I would report anything I thought was potential abuse to my manager or the safeguarding teams."
- The registered manager was aware of their responsibilities for safeguarding. Incidents at the home had been reported to the relevant safeguarding team and the registered manager had been open and honest in investigating any concerns raised and responding to the local authority.

Staffing and recruitment:

- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. This was so the registered manager could identify what assurances needed to be obtained about applicants' previous good conduct.
- References from past employers had been obtained as had checks from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only trustworthy and suitable people were employed to work in the service.
- We observed a safe level of staffing. There were usually five staff on shift who were able to spend time with people within the home. People who required one to one time were receiving this support. The people who did not require one to one were still able to access support from staff when required.

Preventing and controlling infection:

- Systems were in place to prevent the spread of infection. Staff assisted with the cleaning and supported people to be take part in cleaning days. Procedures were in place to maintain a safe and clean environment for people to live. People's comments included "It's very clean," and "The home is clean and tidy."
- Personal protective equipment (PPE) was available throughout the service. Staff were seen to use PPE appropriately when supporting people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance:

At our last inspection the provider had failed to act in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's rights under the MCA were not always protected. People did not always have decision-specific mental capacity assessments. Where people were deemed to lack capacity, decisions made in a person's best interest had not been documented. For example, one person who was deemed to lack capacity and had a DoLS application authorised did not have capacity assessments or best interest decisions recorded for all elements of their care including finance and consent to care.
- One person's DoLS application had been authorised. Conditions had been placed on the authorisation stating mental capacity assessments should be completed for all areas of care and support provided. These should be detailed within the person's care plan along with best interest decisions. We found this had not been completed which meant the conditions of the authorisation had not been met.
- A relative told us they had raised concerns over the MCA and best interest process. The relative told us

they felt the conditions attached to their relatives DoLS authorisation had not been met. They had concerns that decision specific mental capacity assessments and best interest decisions had not been completed and documented within the care plan.

Not acting in accordance with the requirements of the MCA and code of practice was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider had in place a DoLS tracker for people that had either had an application made or had been authorised. This allowed the provider to see when authorisations were due for renewal and how many of the applications were awaiting assessment.
- People were supported to make day to day decisions such as what they wanted to do and what they wanted to eat. Staff demonstrated awareness around people's right to choose.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider had failed to carry out needs assessments. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection with regards to assessing people's needs. The provider had met this part of the breach for regulation 9. However, the provider had not met all parts detailed in the other domains and was still in breach of regulation 9.

- The provider had reviewed assessments of needs for people living at Combe House. No one had moved into the service since the last inspection. The provider had located the assessments completed for people already living at Combe House and these were now included within people's care files.
- Assessments detailed what people could do independently or where they required support. Areas of need had been considered from personal care and medicines support to nutrition and personal choices. Equipment was provided where required and people had expressed what tasks they wanted support with and when they wanted it provided.

Staff support: induction, training, skills and experience:

- Staff did not always receive training regarding people's challenging behaviour. These challenging behaviours had on occasion led to physical aggression towards staff as identified in reported incidents. However, there was a lack of training for staff in any breakaway technique training to reduce the risk to both people and staff.
- A recommendation from a healthcare professional was made following the last inspection for staff to receive training in autism. We checked staff training records and all staff had received training on autism.
- Most staff had a good overall understanding of people's specific conditions. In general, when we spoke to staff they were able to tell us detailed information about conditions such as epilepsy, schizophrenia and autism. However, we did find there were some gaps in some staff's knowledge and understanding.
- Staff completed an induction and a period of shadowing experienced staff prior to working with people on their own. New staff completed a probation period where their performance was reviewed before being confirmed in their role.
- Staff were supported with their professional development through regular one to one meetings with a senior member of staff or the registered manager.
- We have asked the registered manager to conduct a review on staff training to look at the specific needs of people and to ensure all staff supporting people are suitably trained and have the correct level of knowledge

and understanding to do so. We have asked the registered manager to review breakaway technique training for staff.

We recommend the provider ensures staff receive training, based on current best practice, in relation to the specialist needs of people who display behaviours that pose risks to them and others

Supporting people to eat and drink enough to maintain a balanced diet:

- The provider had started work on the refurbishment of the kitchen. Due to the ongoing work it was not possible to completely inspect meal times for people living at the home.
- As a temporary solution staff were utilising what they could to still offer a good dining experience for people. We observed people being included in preparing lunch and selecting what they would like to eat and drink. People were engaging with staff and being supported to eat lunch where they wanted to.
- People had access to a variety of food choices and were supported in choosing and purchasing the food they wanted. Regular trips to the greengrocer took place where people could buy fresh fruit and vegetables to be cooked in the home.
- Alongside being able to choose what they wanted to eat and drink, people also had input into the options of meals available. People decided on a main meal they wanted to have, and each person picked their choice for an evening of the week. If people did not like the option for that evening, they were able to select another option. A person told us, "I like the food, I really like the sausage rolls and I can have them when I want to."

Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked well together to provide support to people. Staff communicated well as a team to ensure everyone was aware of what people needed on a day to day basis. If one person required support from a specialist service, this was communicated between staff. For example, one person had recently had support from an occupational therapist to assess for moving and handling and this was discussed amongst staff.
- People had a care passport in place. This enabled information about people to be passed to other healthcare professionals or to the hospital if someone ever needed to be admitted.

Adapting service, design, decoration to meet people's needs:

- The home was suitable to meet people's needs. People could choose where they wanted to spend their time in an environment that met their needs. People had personalised bedrooms with items to show their personalities and hobbies. One person's interests included movies and animals. They had a large collection of DVDs and stuffed animal toys within their bedroom which they were proud to show and talk about.
- Communal areas of the home were accessible to people and felt homely to create a comfortable atmosphere. We observed people sitting in the lounge, using the conservatory and freely accessing the hallway and stairs. People were able to do this without obstruction and appeared comfortable and relaxed in all areas of the home. One person told us, "It's nice here, I can go in there [lounge] if I want to or just walk about where I like."
- People and relatives were positive about the development work for the new kitchen. One person told us, "It will be nice when its finished, I like my food, and this is exciting having a new kitchen." Another person told us, "It will be really good [the new kitchen]." A relative told us, "It is a positive step to put in a new kitchen, it was really needed and will give people a fresh new place to enjoy cooking and preparing meals."

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to access healthcare services. We saw from people's care files they were supported to attend appointments with the GP, dentist, behaviour specialists and occupational therapist. Appointments with these professionals had been documented and next appointments scheduled and kept

up to date in people's records.

- Advice obtained from healthcare professionals was followed when delivering support to people. One person who had been seen by a dentist and had concerns raised about the condition of their teeth had a certain toothpaste they were required to use. This was well documented within the care plan and staff had knowledge about why and when this was required to be used.
- People had a health action plan that covered areas such as their continence, mobility, hearing, vision, skin and oral care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. We observed individual staff members were caring in their approach. However, due to concerns found in all other areas of people's care the service can not be described as wholly caring.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to treat people as equals and with respect at all times. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were positive about feeling respected and cared for. One person told us, "Yes I like the staff, they do help me when I need them, and they look after me." Another person said, "Staff are kind."
- People were supported in a respectful way by staff who had a caring demeanour towards them. We observed caring interactions between staff and people. One person was sitting on the sofa in the living room and a staff member was playing a ukulele for them. They were trialling new sounds to look at ways to support this person and keep them calm when they might be feeling anxious or agitated or just for the person to enjoy themselves. The person appeared happy and was smiling and fully engaging with the staff member.
- We observed the atmosphere in the home to be calm and caring. Staff spent time with people talking to them in a nice manner making sure they focussed on what the person wanted to do. People were engaging and joking with staff to create a happy environment.
- One person was observed being supported by staff with painting which also had a positive impact through the sensory element of the activity. The person was proud to display some art and crafts they were making for a family member. Staff told us that by just supporting this person with the sensory touches with the paint they had found them to be extremely creative and inventive.
- People were supported to maintain connections and visit family where possible. People were able to visit family when they chose to and for those who were not able to communicate this then trips to see family were organised for them. People's relatives also had the option to visit the home and spend as much time there with people as they wished.

Supporting people to express their views and be involved in making decisions about their care:

- Staff recognised signs and body language of people to indicate decisions they were making. Staff had spent time with people and learned certain body movements or motions made by a person. This ranged

from a simple tap on the hand to facial expressions made which communicated to staff how the person was feeling or a decision they wanted to make. We observed staff acknowledging people who were communicating with them in a way they knew.

- People were supported to express their views on the care and support they received. People were consistently asked by staff if there was anything they would like such as food, drink or if there was anything they wanted to do. People were asked discreetly by staff about personal care to find out how and when they needed support.

Respecting and promoting people's privacy, dignity and independence:

- Staff were attentive to people and constantly ensuring their dignity was preserved. One person who required support in getting to the toilet asked a member of staff to be support to go. The member of staff did this discreetly by gently assisting the person and using words to encourage them. A relative told us, "[my relative] is always clean and tidy when I see them, I know they are well looked after."

- The home had a dignity champion. This was a new role since the last inspection and was aimed at focussing on improvements around people's choice and engagement. The dignity champion met regularly with the registered manager to discuss any improvement plans.

- We observed staff protecting people's dignity. Staff knocked on doors before entering people's rooms and asked the person for permission to enter the room.

- People were supported to maintain their independence. We observed people being engaged with and supported to do things in a way they wanted to and enabled them to remain independent. For example, one person was helping out with cleaning tasks for the day.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

At our last inspection the provider had failed to provide sufficient opportunities for relevant persons to make or participate in making decisions. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9

- People did not have access to activities that were personalised to them. Some people also had a lack of stimulation when it came to finding positive, person-centred activities for them to do. A relative told us, "I have raised this as a continued concern, I don't think there is enough for [my relative] to do in terms of activities."
- On the day of inspection one person was taken out in the car for an MOT to be done. Shortly afterwards, three people were taken out in a car for the day and there was confusion from the registered manager as to where people were going. This indicated the trips out had not been planned and were organised during the morning.
- One person out of seven residents had an activity plan. No information was made available to suggest the service had put any planning into activities for people.
- Daily rotas recording activities people had participated in did not reflect person-centred activities. One person who had a strong interest in sport had no activities recorded to indicate this had been catered for. For a five-day period, it had been recorded to show either a day or lunch out or social leave to see family. The only connection to sport was the use of a computer console which this person spent time playing games on. Records indicated the lack of meaningful activities was reflected across the service for all people living at Combe House.
- People were taking part in some activities such as walking around the local area, arts and crafts and shopping. There was a lack of activities which looked at people's hobbies, likes and interests to make them more meaningful to people. We asked a staff member if they felt there were enough activities for people and they told us, "Not necessarily. Some have but where there are group outings, others go along because the majority are going. [Person] could do with more stimulation."
- We spoke with the registered manager about the activities. They acknowledged there were improvements to be made about making activities more person-centred. This was also something which was found on the last inspection and despite this no further developments had been made to make activities more person-centred. The registered manager said, "I want to make activities more meaningful for them and make the

community more accessible to them."

End of life care and support;

- No one living at Combe House was being supported with end of life care. Improvements had been made in some areas regarding people and relatives having been spoken to about end of life care. We observed some people had details contained within their care plan about how they would like to be supported or anything that would be important to them such as flowers or family members. However, this was not consistent across the service for all people. Some people did not have any information recorded about their wishes.
- This was an issue raised during the last inspection and had not been actioned. Although some improvements have been made there were still gaps in people's care plans around end of life care. Failing to plan for and provide person-centred activities and develop plans around end of life care is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.
- Some relatives had noticed a positive change in how people had become more socially engaging. A relative told us how much they felt their relative had improved, they told us, "There has been a major change in [my relative]. They used to spend all their time in their room but now they are able to go out much more." Another relative commented, "There have clearly been improvements made at the home and from [my relative's] perspective he now appears to be much happier and healthier in himself now."

Improving care quality in response to complaints or concerns;

- Relatives said they had not always been kept updated with changes or received adequate responses to concerns raised. One relative said, "I have still not had any response from the complaint I raised about [relative's] missing clothes, which I have had to fund replacements for. It's been going on since December 2018." Another relative told us, "I just don't get a timely response to concern's I have raised with regards to [my relatives] needs and the support which is in place around his changing need."
- A relative told us they held the legal authority to act for a person living at Combe House and should be consulted with regards to risk assessments. The relative informed us they had raised this as a complaint but had not been kept fully updated or seen the latest version of current risk assessments for their relative. We spoke with the area director about this and they told us the regional manager had set up meetings with the relative to discuss the risk assessments. Although the meetings had been in the process of being set up, prior to this action this had meant the relative had not been involved in their relative's care as they had asked to be and they had not had their complaint resolved to a satisfactory conclusion.
- The providers complaints policy states, '[Providers] system to ensure all complaints are investigated without delay'. It also states, 'complainants, and those about whom complaints are made, must be kept informed of the status of their complaint and its investigation, and be advised of any changes made as a result'

Failing to manage concerns and complaints was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Some relatives did reflect that improvements had been made with the way the service communicated with them. One relative told us, "Things have improved, I don't have any problems to be fair." Another relative told us, "Communication has got a lot better, I have not needed to make a complaint recently, but I do feel they would now take it seriously if I did."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People had care plans which were person-centred except regarding hobbies and interests and how those could be met. People's plans covered their needs, likes and dislikes and what their daily preferences and

routines were. One person had a structured routine for the day which had been set and agreed including the person and their family. This structure had brought more control into the person's life and given them more confidence. We observed this routine being implemented by staff.

- A recent visit conducted by the local quality audit team identified improvements made with people's care plans. A recent comment from a visiting professional stated, "I looked at a sample of care plans and found them easy to navigate, detailed, person-centred and included likes and dislikes."
- People had a key worker who engaged with them and discussed what was important for people on a day to day basis. When we spoke with staff they were able to tell us about people's lives and what was important to them. This came across with the interactions we observed. People looked comfortable receiving support from staff.
- The registered manager and regional manager had sought specialist advice with regards to positive behaviour support. A positive behaviour specialist was now working with people at the home to look at options available to manage their behaviour. One person who had been having episodes of challenging behaviour was starting to see a decline in their challenging behaviour as a result of this support.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider made information available to people in easy read format. This enabled people to see information about the home in a format accessible to them. This included documents and pictures used for making decisions, such as what food to choose.
- There were pictorial signs on communal bathroom and toilet doors. In addition, people had been supported to personalise the outside of their bedroom door, so it was easier to identify which bedroom they occupied.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Some relatives felt there had been a continued lack of communication from the management with regards to some elements around complaints and ongoing risk management. This was a concern raised after the last inspection which had still not been addressed following this inspection. The issues focussed mainly on the lack of response from management, information sharing and inclusion in people's care planning. A relative told us, "I have lost trust in the registered manager. I've just lost all confidence." Another relative told us, "As a result of the continued lack of candour, transparency and professionalism shown by management at the care home which in turn has resulted in a complete loss of our faith and trust in their ability to manage competently."
- Quality audits were not effective in identifying concerns. We found no evidence to show the registered manager conducted regular audit checks on people's care, incident reporting or medicines audits. The locality manager had conducted monthly audits following the last inspection to focus on the issues found. However, these were not robust and had failed to identify the issues we have raised on this inspection. We have identified breaches of regulation around how risks to people's safety had been assessed and managed. People's rights under the MCA, how medicines are managed, management of complaints, person-centred care regarding activities and reporting of incidents.
- There was a lack of oversight regarding incidents and accidents as there was no clear overarching record. We were presented with two different variations of incident recording. Neither offered any information on how these incidents were reviewed, whether this had an impact on the person and what action had been put in place to reduce risk. The registered manager agreed that incident and accident reporting is an area requiring improvement. The improvement plans stated regular meetings were held to discuss recent incidents and accidents. However, the concerns raised had not been identified until they were raised by us on inspection.

- There was no process in place for identifying missed medication and taking action. Medication errors were not always being recorded and there was no information about what medicines were missed, the impact on people and actions taken to prevent this happening again. We spoke to the registered manager about the incident of missed medicine at first, they stated the medicine had run out. They then stated, "I just said that to cover for them." This raised concerns about being open and honest about mistakes made.
- Staff had not always been given appropriate training in areas which were relevant to supporting people and their health needs. A member of staff who was supporting people who had experienced seizures or had schizophrenia had not had any training around these needs. The training matrix which had been put in place clearly indicated there were gaps in some staff training yet this had not been actioned.
- Since our last inspection not enough improvement has been made. We have identified shortfalls across the safe, effective, responsive domains which all link back to a lack of effective management within the well-led domain.

The failure to assess, monitor and improve the quality and safety of the service was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events and alleged abuse, that happen in the service. However, an incident occurred where a person sustained a significant injury as a result of a fall. No notification of this event has been sent to the CQC. We raised this on inspection and the registered manager stated they would send through the notification, but this has not happened.

The failure to notify of incidents that affect the health, safety and welfare of people who use the service was a breach of Regulation 18(1) of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager had spent more time at the service having previously been managing across two services. In doing this the registered manager had been able to have more of a daily oversight of Combe House. Improvements had been made with staffing levels during the day and night. Staff were able to spend time with people to meet their needs as their time could be appropriately managed by the registered manager. Staff were positive about having the registered manager at the service more often.
- Improvements had been made with regards to staff training around medicines and in particular epilepsy rescue medication. This was an identified area of concern from the previous inspection that had been actioned.
- The registered manager had obtained support from healthcare professionals. People had been seen, assessed and supported by professionals in areas such as positive behaviour support and occupational therapy which had seen an improvement to their overall health and well-being. Relatives had recognised the importance of this additional support being put in place.

Continuous learning and improving care

- Following the inspection the provider supplied us with a service improvement plan which looked at the areas raised from the last inspection. Some improvements have been made around people's dignity, moving and handling, cleanliness / infection control, training staff as fire marshals and staff training around medicines. However not enough, timely improvement had been made between the two inspections.
- The locality manager told us about plans they had for the future to support the registered manager. They told us about putting them forward for some further managers' training to hone in on certain skills around management responsibilities. This had been with a view to giving the registered manager more tools to be able to meet the regulation requirements and improve lives for people living at Combe House.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- Although we have found the service did not always provide a person-centred approach, people were positive about living at Combe House. One person said, "It's nice living here. It's my home." Another person said, "I am happy here."
- Despite their concerns over some aspects of the service, relatives were generally positive about the happiness of their loved one. A relative told us, "It's been made to feel like a home. When [my relative] comes to visit us they always say they want to go home [Combe House]." Another relative stated, "I have concerns but I also have to say that [my relative] looks to have improved recently and they are happy when I see them."
- Staff were positive about working at Combe House and the level of support they received. A staff member told us, "[Registered manger] is really good with me. Very caring as a boss." Another staff member stated, "I enjoy working here. People are friendly, and we work well as a team. I get support from the manager if I need any help with anything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The registered manager told us they had recently sent out feedback forms to families but had yet to have a response. The registered manager told us they had asked for this information again from families due to not receiving it back.
- People attended regular house meetings. At these meetings people could discuss how they were feeling and their choices around food. It was noted in the minutes that people who were unable to verbalise their responses chose options by using pictures or body language. These minutes were available in easy read and large print for people to access. From the minutes of these meetings for the last two months people had indicated they were happy, and that staff treated them well.
- Staff attended regular team meetings and took part in supervisions with the registered manager. Staff told us they felt supported in their role. A staff member told us, "I have been supported and when I have asked a question the manager has been able to help me."

Working in partnership with others:

- The home had established a good relationship with the local college. Two of the people living at Combe house were attending the college and there had been discussion held for a third person to attend.
- The registered manager attended a new managers' forum to learn from other managers and share good practice and ideas.
- The registered manager had created a link with the Woking local authority. They sent a monthly newsletter and invited the registered manager to attend events where information could be shared, and managers could network with healthcare professionals, local authorities and other local and national registered managers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had failed to notify the CQC of a notifiable incident
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider failed to design care or treatment with a view to achieving people's preferences and ensuring their needs are met
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider was not acting in accordance with the requirements of the MCA and code of practice in relation to people's consent to care.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not do all that is reasonably practical to address risks.
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints

The registered provider had failed to respond to and resolve complaints in a timely, appropriate and satisfactory manner.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to assess, monitor and improve the quality and safety of the service.

The enforcement action we took:

We have served a warning notice