

Mr and Mrs L S P Cook

# Coombes Wood House

## Inspection Report

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# Summary of findings

## Overall summary

Coombes Wood House is a care home for up to 36 people. At the time of the inspection there were 36 people living there. It provides care and support to older people who have dementia and/or a physical disability. At the time of the inspection most of the people living at the home were living with dementia. When we visited there was a registered manager in post.

On the day of the inspection we saw people were well cared for and their needs were met in a timely fashion. Relatives told us the staff were: "good" and "caring." They told us staff knew their relative's needs well.

Professionals were positive about the support given at Coombes Wood House. One commented: "It's very nice, they do a good job."

Staff received the support and training they needed in order to carry out their duties to a good standard.

Management of the home was good and we found there was a positive relationship between staff and management.

Audits in place had failed to identify errors in the Medication Administration Record Sheets, (MARS). This meant people could be at risk associated with the unsafe administration of medication.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

People we spoke with and their relatives told us they felt safe at Coombes Wood House. We observed people moving freely throughout the home without restriction.

Coombes Wood House had effective safeguarding policies and procedures in place. Staff were able to describe to us the procedure for reporting abuse. This meant people were safeguarded against the risk of abuse.

Risk assessments were carried out to ensure people were protected from the risk of harm. They guided staff on any action needed to minimise risk.

People's medication was stored securely and appropriately. Senior staff with responsibility for administering medication had received appropriate training.

The homes recruitment procedure was robust. Newly appointed staff received an induction prior to starting work which included a period of shadowing more experienced staff.

Documents we saw showed that mental capacity assessments and best interests meetings had taken place as required by the Mental Capacity Act (2005).

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had properly followed a relevant application process and the conditions made by the Supervisory Body.

### **Are services effective?**

Staff at Coombes Wood House ensured people's needs and preferences regarding their care and support were met. Staff we spoke with talked knowledgeably about the people they supported.

We looked at five care plans and saw they were clear and informative. They were reviewed regularly to reflect people's changing needs. This meant staff were guided as to how best to support people. Staff at Coombes Wood House were proactive in trying to engage with families with regard to care planning.

The premises were well maintained and met people's needs.

Training was up to date and staff received further training specific to the needs of the people they supported. For example, staff were trained in dementia awareness and end of life care.

# Summary of findings

Supervision and staff meetings were taking place on a regular basis.

## **Are services caring?**

We observed, and people told us, staff were caring and thoughtful. Relatives commented staff worked with people to help them maintain independence. Staff worked in a manner which maintained people's privacy and dignity.

Relatives and visiting professionals we spoke with were all positive about the care and support for people who used the service.

Staff spoke knowledgeably and with fondness about the people they supported.

People and their relatives were encouraged to make their views known about their care and support.

## **Are services responsive to people's needs?**

Some formal and structured activities took place for groups of people. Informal activities were also undertaken for individuals and we saw evidence of this in photographs around the home.

Care plans recorded people's likes, dislikes and preferences. This meant that staff had information that enabled them to provide care in line with people's wishes.

Coombes Wood House responded quickly and appropriately when people's care needs changed. They kept relatives informed about changing health needs.

Coombes Wood House had a satisfactory complaints procedure in place.

## **Are services well-led?**

We found there to be a positive and open working atmosphere at Coombes Wood House.

Care staff, relatives and professionals we spoke with all said they found the management team were approachable.

Relatives and professionals we spoke with all said they felt there were enough staff to meet people's needs and that staff were competent and knowledgeable.

Coombes Wood House operated a robust induction process to ensure staff were competent and confident before they started working alone.

Regular audits were carried out to help ensure the home was operating effectively and safely. However, medication audits had

## Summary of findings

failed to identify errors in the Medication Administration Record Sheets, (MARS). This showed us the system was not robust and people were not fully protected from the risks associated with the administration of medication.

# Summary of findings

## What people who use the service and those that matter to them say

Not everyone who lived at the home was able to communicate with us verbally due to their complex health needs. We spoke with 11 people who lived at the home who were able to express their views. They told us they were happy with the care and support they received. One person told us they felt: "safe" at Coombes Wood House.

We spoke with six relatives who were visiting on the day of our inspection. One person described the quality of support as: "Fabulous." Another told us the staff: "seem to have a nice caring attitude."

All the relatives we spoke with said they felt there were enough staff on duty to meet people's needs and that they were friendly and welcoming. One commented: "When I come to visit they always ask if I want a cup of tea or a chair." Another said: "They're always available."

# Coombes Wood House

## Detailed findings

### Background to this inspection

We visited the home on 3 April 2014. The inspection team consisted of a lead inspector and an Expert by Experience who had experience of using mental health services. This service was inspected as part of the first testing phase of the new inspection process we are introducing for adult social care services.

We spent time observing people in various areas of the home including the dining room and lounge areas. We were shown around the building and saw people's bedrooms, bathrooms, the laundry room and living and dining communal areas. We also spent time looking at records, which included people's care records, and records relating to the management of the home.

Coombes Wood House was last inspected 24 June 2013. There were no concerns found at this inspection.

Before our inspection we reviewed all the information we held about the home. We examined previous inspection reports and notifications received by the Care Quality Commission. On the day we visited we spoke with 11 people who were living at Coombes Wood House. We also spoke with six relatives, three visiting professionals, and six members of care staff plus three members of the management team and the registered manager.

During the inspection visit we reviewed five care plans, five staff files, a selection of the home's policies and procedures and staff training records.

Following our visit we spoke with two health care professionals who were involved in the care of people living at the home. We reviewed information given to us by the provider on the day of the inspection.

# Are services safe?

## Our findings

People we spoke with and their relatives told us they felt safe at Coombes Wood House.

It is important staff have access to guidance about safeguarding to help them identify abuse when it occurs and respond appropriately. We asked to see the home's safeguarding and whistle blowing policies. We saw these were readily available to staff, both in the office and within the staff handbook. The policies were comprehensive and up to date. This meant staff were able to access relevant and recent information regarding safeguarding processes easily and quickly.

Staff told us they had received updated safeguarding training and we confirmed this from the home's records. We asked two members of staff what they would do if they suspected abuse was taking place. They described to us the correct sequence of actions. They also outlined the different types of abuse. Both said they would have no hesitation in reporting abuse and were confident management would act on their concerns.

We saw, from the home's records, there was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

We looked at people's care records and saw they contained appropriate risk assessments. We saw these were reviewed regularly and covered a wide range of areas. For example one person had been identified as having recently become at increased risk of falling. The associated risk assessment identified when and where the risk was higher and what actions could be taken to reduce the risk. For instance it stated that two care staff were needed when assisting the

person with personal care and one to assist when the person used a walking frame. Risk assessments we looked at were detailed and gave staff clear direction as to what action to take to minimise risk. We saw the assessments documented where alternative options had been considered and benefits and risks of actions balanced against each other. This meant that people could take informed risks.

Medication was stored securely in locked rooms, one on each floor of the building. Within the rooms there was a locked cabinet for the storage of controlled drugs. We checked these and found they were recorded correctly. One of the rooms also contained a refrigerator for storing those medications which required it. We saw there was a system in place for checking and recording the temperature of the refrigerator.

We saw, from the home's training records, all senior staff had received up to date medication training. We were told only senior staff had responsibility for administering medication and the rota was arranged accordingly.

People were protected by a safe recruitment system. We looked at five staff files and saw the home operated a robust recruitment procedure. Files contained photographic identification, evidence of disclosure and barring service (DBS) checks, references including one from previous employers and application forms. We saw from the records that newly appointed staff received an induction when they commenced employment at Coombes Wood House. This included a period of shadowing more experienced staff prior to working alone. We spoke with a member of staff who had started work at the home during the previous month. They confirmed this procedure had been followed. They told us the induction had made them feel confident about their ability to carry out



# Are services effective?

(for example, treatment is effective)

## Our findings

The staff at Coombes Wood House ensured people's needs and preferences regarding their care and support were met. Staff we spoke with talked knowledgeably about the people they supported. Many people living at the home were living with dementia which meant their needs were likely to change over time, sometimes quite rapidly. We asked staff how they were made aware if people's needs changed. We were told, by staff and managers, that there was a verbal handover session at the beginning of every shift where the incoming shift was updated on any relevant information. In addition to this daily records were completed, which were kept at the back of people's individual care plans. We saw these were recorded regularly and were signed and dated

and contained detailed information. In addition we saw care plans were reviewed regularly. This helped staff to adapt the care and support they offered to meet people's needs.

When people were unable to express their views about the care and support they received managers told us they tried various ways to engage with and involve families regarding care planning and reviews. We saw a copy of a letter which had been sent to families in October 2013 asking if they wished to be involved in care plan reviews. We saw there was a notice on the home notice board which identified a regular time when management would be available to discuss care plans with relatives. It also stated that if this time was not convenient alternative arrangements could be made.

# Are services caring?

## Our findings

We spoke with 11 people who lived at Coombes Wood House. They told us they were treated kindly and with respect. One person said they felt more "safe" at Coombes Wood House than they had at a previous home. Another person told us they thought the home was: "Lovely."

Relatives told us the privacy and dignity of people was always maintained. Comments included: "They are happy here"; "I can't fault them. They are very knowledgeable and very professional", "X would tell me if they were unhappy" and "Everybody is very kind, that means everything."

Professionals we spoke with during and after the inspection were all positive about the home. One commented: "It always feels like a home. They are very caring towards the residents." They went on to say staff: "appeared competent" and "treated people like individuals." Another commented: "There are no unnecessary restrictions, there is freedom."

There was a core team of staff who had worked at the home for some time and knew the people they supported well. New staff we spoke with told us they had worked with more experienced staff to enable them to get to know people and how they preferred to be supported. One member of staff commented: "It's nice to see the life histories, it's nice to know what they did before."

People we saw throughout the day were dressed as they chose and looked physically well cared for. This showed that staff took time to assist people with personal care. One relative commented: "The carers know how to address his needs."

Staff spoke fondly and knowledgeably about the people they supported. For example one member of staff, whilst showing us round the home, told us about the personal backgrounds of various people demonstrating an understanding of their life histories and a respect for them.

Staff we spoke with were aware of the need to protect people's dignity whilst helping them with personal care. When people were moving between bathrooms and bedrooms the staff ensured that people were supported to maintain their privacy and dignity. Staff were able to explain to us how they did this.

People were able to have keys to their rooms if they wanted. One person we spoke with had lost several keys. In order to try and prevent this the home had attached the key to a block of wood. This was small enough to fit in the person's pocket but meant it was more difficult to misplace

We were shown round the home by a senior member of staff. We noted they knocked before entering people's bedrooms and asked if people would mind us seeing their room and talking with them. We saw when someone had visitors with them their door was closed and staff checked to ensure they did not mind being disturbed when we asked to meet with the visitors. We were told one person did not like people going into their room and advised us to speak with them in a communal area. This showed us people's privacy was respected.

A relative told us the home had supported their partner to maintain their independence for as long as possible. They told us this was important to their relative in order to maintain their quality of life.

The staff at Coombes Wood House were proactive in encouraging people and their relatives to make their views known about the kind of care and support they wanted. Managers and relatives

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

On the day of the inspection we saw people were occupied and supported. For example, we saw some people playing a memory game using large print cards. We heard staff encourage one person to join others in the communal area. A member of staff told us the person tended to spend a lot of time alone, so staff encouraged them to spend some time with others to avoid becoming socially isolated. The person declined to join the activity at that time but said they would go down later with a friend. This demonstrated people's choices were respected.

It is important that people living with dementia have access to activities that meet their individual and social needs as this helps them maintain their skills and independence. We asked the management team what activities were available for people. They told us a singer visited the home weekly and an activities co-ordinator also came in on a weekly basis. They said it could be difficult to organise group activities because of people's dementia and varying health needs so staff tended to focus on very small group or individual activities, for example cake making and walks round the garden. We saw photographs in the home that recorded such activities. One person who lived at Coombes Wood House told us a dog was brought in regularly which they enjoyed. We saw the person had a newspaper and they told us this was delivered for them daily. We saw examples of where people had been supported to take part in organised activities, such as singing, in their daily records. The management team told us that more informal and spontaneous activities were not consistently recorded so we were unable to establish the frequency and relevance of activities for individuals.

A member of staff told us details of people's likes, dislikes and preferences regarding food were kept in the kitchen. They said people were offered finger foods when appropriate, such as cheese and fruit so: "they are still in control." This can be of benefit for people who are struggling to eat because of difficulties with co-ordination, for example.

The five care plans we looked at took into account information regarding the person's interests and preferences as well as their health care needs. We saw evidence of a relative's involvement in one person's plan where they had provided the home with information as to their personal history and identified needs. We saw in

another person's care plan that their needs had changed significantly over the past year. The care plan had been regularly updated accordingly with clear guidance for staff on how best to support the person. For example it was documented that baths and showers had become too distressing for the person concerned and they were now to be supported to have a: "gentle strip wash with reassurance".

Most of the people who lived at Coombes Wood House had a dementia and/ or communication difficulties which meant they were unable to comment on decisions regarding their care. Relatives told us they had opportunities to be involved in the development and review of care plans if they wished. All relatives told us they felt communication with the home generally was excellent and they were kept up to date regarding care planning and any changes in health needs. One relative told us: "I can go home and not worry. I know they'll let me know if anything happens." Another relative told us they felt the staff at Coombes Wood House responded quickly to their parents' changing needs and reassessed them regularly to ensure they were supporting them appropriately. For example, they told us their relative had recently been reassessed for new equipment to assist with their mobility.

We saw that, as well as guiding staff in how to support people with personal care, care plans also advised on the best approach to support people emotionally. For example one plan stated: "You need to be happy and jolly. If X becomes upset it is best to leave them alone to calm down and go back in ten minutes."

We saw that, although people's care plans had space to include personal life histories, these were not always completed or the information contained there was limited. We discussed this with the management team who told us they recognised the importance of such information. However, they said it could be difficult to gather this where there was limited family involvement.

We saw the home's complaints policy and procedure. This was clearly displayed within the home. It contained contact details for the Care Quality Commission, the local social services department, the health authority and the management team. The policy outlined clear stages of the complaints procedure with a timescale of when people could expect their complaint to be addressed. We looked at the complaints book and saw none had been recorded since March 2013. We inspected the paper work associated

## Are services responsive to people's needs? (for example, to feedback?)

with a complaint made prior to this and saw it had been appropriately investigated in a timely fashion in line with

the policy. Relatives we spoke with told us they had not had reason to complain but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately.

# Are services well-led?

## Our findings

Staff we spoke with were positive about the management of Coombes Wood House. One newly appointed member of staff told us they had been made to feel welcome and that everyone was: "Friendly." During our visit we observed staff approaching members of the management team openly for direction and advice and saw there was a relaxed atmosphere. During the lunch period we saw the registered manager joined staff and residents in one of the dining areas. Staff told us they felt supported to do their jobs to a good standard.

Relatives told us they found the registered manager: "approachable." One said: "He always makes his presence known to me and asks if everything is OK." Professionals we spoke with from other agencies all said their communication with the manager was good and they had a good relationship with staff in the home.

Coombes Wood House had asked relatives of people who used the service to complete a satisfaction survey. Of the 36 surveys sent out 25 had been completed and returned. The survey results had been analysed and an overall report produced in order to highlight any issues that may have needed action. We saw the results were positive.

We asked the registered manager how they recorded the views of people who lived at the home. They told us they regularly reviewed care plans in order to record the most up to date information regarding people's needs and preferences. We saw in the care files each section had a space for notes which were updated every two months or as required. These were subsequently incorporated into the main body of the care plan at the review.

The staff in the home were proactive in attempting to engage with relatives and involve them in care planning. This was done via a quarterly newsletter, and personal written invitations to relatives asking for their input in care planning reviews. The management team told us this was not always successful and they were continuing to look for ways to improve family involvement.

At the time of the inspection we were told the home was fully staffed. We observed that staff were unrushed and available to support people as required. Relatives and professionals we spoke with all said they felt there were enough staff to meet people's needs and that staff always were competent and knowledgeable.

Supervision gives staff an opportunity to receive support and guidance about their work and discuss training needs and development. We saw from the staff supervision records that there was an opportunity within the sessions to air any problems staff might have or suggest any ways in which the service could improve. This demonstrated the management believed in openness and a willingness to listen.

The member of the management team with responsibility for training told us all new members of staff completed a six week induction that followed Common Induction Standards (CIS). The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting. During this period they would shadow more experienced staff whilst working shifts. At the end of the induction period a lead senior member of staff would assess competencies before signing the person off as able to work independently. We saw from staff files, and staff told us, this procedure was adhered to.

A member of the management team told us, and we saw from the documentation, that staff at Coombes Wood House carried out regular audits. These included audits associated with equipment, fire safety and Legionella disease as well as audits of people's care documentation such as care plans and risk assessments. We saw audits regarding medication were also carried out. We looked at the arrangements for the management of people's medication. We found administration records were not always accurate. For example we saw on three occasions the Medication Administration Record Sheet (MARS) had not been signed to confirm people had received their medication. We saw creams and eye drops had not been marked with the date they were opened, therefore staff were not able to assess when they had expired. Some entries on the MARS were handwritten and therefore should have been countersigned to safeguard against the chance of medication being wrongly recorded. This had not been done. This showed us the system for auditing medication was not robust and people were not protected from the risks associated with the unsafe administration of medication.

We saw accidents and incidents were recorded appropriately. We saw these were analysed on a monthly basis and the documentation showed that, where a trend was highlighted, actions were taken. For example in April 2013 it was highlighted one person had fallen on four

## Are services well-led?

occasions. As a result the mental health team reviewed the person's support which in turn led to a medication review and correspondence with the GP to try and alleviate the problem. In February 2014 it was highlighted that one person had fallen on two occasions. We saw the care files and accompanying risk assessment had been updated accordingly.

Coombes Wood House had a satisfactory complaints procedure in place. This demonstrated the home was willing to listen to complaints and respond appropriately.