

Mrs Ann E Gray

Coombe House Residential Home

Inspection report

Lamellion
Liskeard
Cornwall
PL14 4JU

Tel: 01579346819
Website: www.coombe-house.org.uk

Date of inspection visit:
23 October 2017

Date of publication:
08 February 2018

Ratings

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

Summary of findings

Overall summary

We carried out this unannounced inspection of Coombe House on 23 October 2017. Coombe House is a residential care home which predominately provides personal care and support. The service is registered to accommodate up to a maximum of 16 people. On the day of the inspection 16 people were living at the service. People living at Coombe House had physical health needs and mental frailty due to a diagnosis of dementia. At the previous inspection in November 2015 the service was rated good.

The registered person for the service is also the manager and was responsible for the day to day running of the service. 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.

Coombe House is situated on the rural outskirts of Liskeard. It is a historic detached property in its own grounds. There are a range of communal areas. People have their own rooms and personal items including furniture and things that are important to them. The grounds around the house are extremely well managed and designed to provide interest to people living with dementia. This included a range of colourful plants, a summer house and mannequins which are designed to prompt conversation and debate.

The registered person told us the philosophy of the service was to promote person centred dementia care. This included putting people first and tasks second. "We support people to travel the emotional journey. There were no restrictions to daily life. People could make choices, when to get up, when to go to bed, what to wear, where to sit, what to do to pass the time of day, where to eat meals, which visitors they do/ do not want to see, and which daily newspaper they may like to read. The doors of the service were not locked and the gardens were there to be enjoyed by people their families and staff.

The service had been awarded the Level One (star) Butterfly Service, Quality of Life National Award for the past three years. This was the highest level a service could receive. The butterfly system aims to improve people's safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment. A staff member said, "We are so proud of our achievements and it really motivates us all."

There were numerous examples of how ratios of staff allowed one to one support for people who lived at Coombe House, to take part in activities and follow their interests. We found this had a hugely positive impact on their lives. Comments made by relatives were very positive. They told us, "Just amazing. We are so impressed with the staff and what they do to support [Person's name]" and "Without a doubt. The staff are just wonderful, caring and compassionate"

We observed staff demonstrated an exceptionally caring, compassionate and kind attitude towards people who lived at Coombe House. Families told us staff were very respectful and spent quality time with their relatives. There were many examples of how the caring approach of staff had a very positive impact on people's lives. A relative told us, "There is nothing to compare with the quality of care we have received at

Coombe House and it has made [Person's name] last several years with dementia actually peaceful and happy."

There was a calm and relaxed atmosphere in the service throughout the day of the inspection visit. We observed people had an excellent relationship with staff and staff interacted with people in an exceptionally caring and respectful manner. People were observed moving around the service without any restrictions. Staff were always available but discreet in their presence so people's personal space was not impacted upon. A staff member said, "The focus is on giving residents the freedom to move around as they wish. It makes such a difference because their attention span is short and changing all the time and by caring for them this makes their lives a lot less stressful."

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse. Incidents were logged, investigated and action taken to keep people safe. Risks to people's health and safety were assessed and clear plans of care put in place to help keep people safe. These had been developed to minimise the potential risk of harm to people during the delivery of their care. Risk assessments had been kept under review and were relevant to the care provided.

Without exception family members all spoke extremely positively about the service their relative received. They told us that their relative was very safe living at the service and that staff were kind, friendly and treated people in a way they could not have imagined. They told us that the registered provider and staff were always available and approachable. Comments included, "The staff are quick to get on the phone to me if they have any issues with [Person's name] health and happy to talk to me when I phone them" and "Absolutely wonderful. Keep us up to date with everything that's going on with [Person's name]."

There were always enough staff available to ensure people received continuous, attentive and discreet care and support. Staff had all the time they needed to respond to people's choices as well as meeting their care and support needs in a way that suited the person. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. For example, supporting people to move around the service both inside and out and by having the time to let the people take the lead and control of what they wanted to do, when they wanted to do it. For example, two people wanted to help wash up and one wanted to mop the kitchen floor. Staff supported them to do this and it generated a lot of conversation and laughter. A staff member said, "If you come here in the middle of the night you might find us doing this. That's how we work. It's all about the resident and what they want to do when they want to do it." This was evident throughout the inspection and included in all feedback.

Recruitment checks were carried out to ensure suitable staff were employed to work at the service. Staff were supported by a system of induction, supervision and appraisal. The registered provider worked in partnership with dementia organisations. Staff received training relevant for their role and there were excellent opportunities for on-going training support and development in the area of dementia care. A staff member said, "The training is excellent. It really gives us the skills we need and it's a totally different approach to the standard dementia care training."

Management and staff had a good understanding of the underlying principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

The manager used effective systems to record and report on, accidents and incidents and take action when required. These events were reviewed in order to help reduce the risk of them happening again.

People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The environment supported people living with dementia. For example signage throughout the service showed pictorial images to indicate the rooms function. An activity board was pictorial to support people and the daily menu board showed pictures of the food available each day. In addition to supportive signage the service's communal and dining areas were full of 'tactile' items which people continuously picked up, talked about and moved around. This theme was based upon good practice in dementia care. It was clearly successful through the observations made throughout the inspection.

There were extremely effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered provider was visible in the service and regularly observed and talked with people to check if they were happy and safe living at Coombe House. Overall satisfaction with the service was seen to be outstanding.

Equipment and supply services including electricity, fire systems and gas were being maintained.

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 remains good. People, who were able to talk with us, told us they felt safe living at Coombe House. Relatives told us they had no concerns about their family member's safety.

There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so that people were safe but had the most freedom possible.

Staffing levels were good and staff appropriately deployed to provide safe care. Staffing was structured to the needs of the people who lived at Coombe House.

Recruitment and selection processes were robust.

Medicines were managed safely and people were given their medicines as prescribed.

Good 

Is the service effective?

The service remains good in providing effective care and support. People received care and support that was based on their needs and wishes.

People's wellbeing was promoted and people were encouraged to enjoy a most stimulating and meaningful life.

Staff had access to training in dementia care to support them in providing a high standard of care to people.

The management team worked in partnership with dementia organisations to continuously improve and develop care.

Staff used innovative ways to stimulate mealtimes and to increase people's appetite. This supported people to have a varied and nutritious diet.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Good 

Is the service caring?

The service was outstanding in providing caring support. Staff were extremely caring, kind, compassionate and treated people with dignity and respect at all times.

People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff respected people's wishes and provided care and support in line with those wishes.

Outstanding 

Is the service responsive?

The service was extremely responsive. People received responsive care which was outstanding in that it supported people to feel part of the local community. Creative ways were found to support people's interests.

Care plans were personalised and people and their families had been involved in developing these. Staff used innovative and individual ways of involving people so that they were consulted, empowered, listened to and valued.

People received care that was flexible and responsive to people's individual needs and preferences, Staff were creative in enabling people to live as full a life as possible, particularly where their communication and other skills deteriorated.

Outstanding 

Is the service well-led?

The management and leadership of the service was outstanding. The registered provider had a clear vision and researched and introduced innovative systems to improve people's quality of life.

There were creative use of staff resources and person centred planning to support people's well-being.

The registered provider and staff team were approachable and available and willing to listen to people. The registered provider was passionate and dedicated to providing an outstanding service to people.

The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Staff said they were extremely well supported by management

Outstanding 

and worked together as a team, putting the needs of the people who lived at the service first. Staff were motivated to develop and provide quality care to people.

Coombe House Residential Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 23 October 2017. The inspection team consisted of one adult social care inspector.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

We spoke with a range of people about the service. This included four people who lived at Coombe House, six staff members and we received comments from five relatives. We also spoke with the registered provider. We received comments from eight professionals. We looked around the premises and observed care practices

We used the Short Observational Framework Inspection (SOFI) during the morning and afternoon periods. SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us.

We looked at care documentation for three people living at Coombe House, the medicines records for those people, two staff files, training records and other records relating to the management of the service.

We also looked at records relating to the management of the service including audits and minutes of meetings. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live. This involved viewing all areas of the premises.

Is the service safe?

Our findings

Most people using the service had limited verbal communication, so we spoke with relatives and staff to see how they felt people were supported to be safe. People told us they felt they or their relatives were safe when being supported with their care. Observations made during the inspection visit showed people were very comfortable in the company of staff supporting them. Comments included, "More than happy with Coombe House. We [family] think it's a very safe place for [Person's name] to live," "We always feel [Person's name] is safe and secure when we leave Coombe House" and "I feel easy knowing [Person's name] is safe and looked after."

Staff told us the staffing levels were 'very good'. This was to ensure there were enough staff to support people on a one to one basis where it was necessary. This could fluctuate on a day to day basis due to people's individual needs. Staff told us, "We have a really good team of staff. We have the time to spend with residents. Every day is different but there is always enough of us" and "It's all very flexible and we work really well together." Visitors commented positively regarding the staffing levels, competency and general helpfulness of all the staff. A relative told us, "Always plenty of staff whenever we visit."

Staffing levels were based upon the level of needs for people living at Coombe House. Rotas showed there was a good skills mix of staff on each shift being supported by the registered provider. Staffing levels were continuously reviewed in order to meet the dependency levels of people using the service. For example, if people were going out more staff could be arranged to support this and if people became ill and required more support staffing levels would be reviewed to take account of this.

The staff we spoke with told us that there were always enough staff to meet people's needs. They said they had time to support people on outings and activities. Staff understood the need for rotas to be flexible so that people's activities were at a time that suited the person.

There was a low turnover of staff within the service and staff were very familiar with the needs of people living at Coombe House. Relatives said they were appreciative of this. They told us this helped them when talking with staff if they had to make a call to the service. It also meant a lot to them that staff knew the needs and preferences of their family member. Staff told us that morale was high and they worked to support people well as a team. A relative said, "We [family] are so impressed with all the staff and the way they know all the little points that are important to [Person's name]."

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of satisfactory references.

Staff said they felt confident that people were always treated well and that they did everything to ensure their safety and wellbeing. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would identify and act on any concerns. A staff member told us, "Protecting residents is so important. Residents are very vulnerable and it's our responsibility to help protect them. It's

very important."

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as emotional and behavioural, nutrition and hydration, skin, mobility and personal care. Where a risk had been identified, for example a falls risk, the assessment had looked at factors such as their medicine, design of their room and whether current mobility aids were suitable. Risk assessments were being reviewed monthly or where required should there be a change of risk level. The service used a 'roaming' folder which recorded current information about the person on a day to day basis. Any changes or trends could then be identified and used to update the person's care plan. This information supported staff to identify and act to protect people from any specific area of risk.

The registered provider took time to assess a person's needs and risks prior to admission to the service. This was to make sure the service would be able to support the person and that the service was a suitable environment for them to live in. A family member told us the registered provider had taken time to carry out the assessment with information from other professionals. They told us this gave them confidence that it was the right place for their relative to be 'safely' cared for.

Incidents and accidents were recorded in the service. The records showed that appropriate action had been taken and where necessary additional guidance provided for staff to help minimise any risk. Events were audited by the registered provider to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks. The registered provider had included a lessons learnt section where there were articles of care home prosecutions for poor practice. This was to remind staff of the importance of following safe practice.

Medicines were managed safely at Coombe House. All medicines were stored appropriately in people's own rooms and Medicines Administration Record (MAR) charts were fully completed.

There were no medicines which required stricter controls (controlled drugs) being used at the time of our visit. There was a separate locked facility to store these medicines when being used. The controlled drugs register showed that where previously used correct procedures had been followed.

Staff were competent in giving people their medicines. Although people's understanding was limited, staff still took the time to explain to people what their medicines were for and ensured each person had taken them before signing the medication record. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be effective.

Staff responded to people's choices, however where medicines were required at specific times staff would only interrupt sleep if necessary. This meant people received their medicines on time.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately where required. Cleaning materials were stored securely when not in use.

There was documentation to record maintenance and servicing of equipment as required. For example records confirmed fire, equipment and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

Families told us the way their relatives were supported was exceptional. They told us the range of support including, healthcare, social, emotional and dietary needs of their family members was very well monitored and staff quickly responded to changing needs and informed them of any concerns. People were cared for by staff who had an outstanding understanding of their needs and were skilled in delivering care. A relative told us; "The staff pay the greatest attention to [Person's name] care. [Person's name] is always clean, well dressed and well fed. I get the impression that [the staff] love [Person's name] being there and looking after them. They have no problem communicating despite the loss of language." This demonstrated staff were extremely knowledgeable about the people living at Coombe House and had notable skills to meet their individual needs.

People received effective care because they were supported by a staff team who received regular training and had an exceptionally good understanding of the needs of the people living with dementia. This was because staff members had obtained additional skills due to having taken part in diploma level training in dementia care. Four staff had completed the diploma and three staff members were currently undertaking it. Staff told us, "We are a diverse team. Lots of skills and experiences and that's why it works so well," and "I could never imagine I would have had this level of training. It's so inspiring." Staff received regular updates on best practice and were encouraged to attend conferences and workshops to maintain and develop their knowledge and skills further. Staff told us having this knowledge and these skills took them to 'another level' in how they delivered care and support to people living with dementia. For example, there were no routines in the service. Staff supported people to do what they wanted, when they wanted. For example everyone was able to move around the service and go into the garden as they wanted, and eat when they chose to. Staff understood this approach to supporting people living with dementia was a positive and effective way of delivering person centred care.

The registered provider used innovative systems developed by dementia research organisations to make sure the service was training and supervising staff to follow best practice. Staff were encouraged by the registered provider to develop ideas to enrich the support given to people. The registered provider told us staff were always encouraged to share any ideas they might have to improve people's lives. For example, staff had noted in the past that the television was often on but that nobody was watching it. They recognised people living with dementia had limited concentration times. This resulted in moving the television into the dining room and replacing it in the living room with a moving fire image. It had created a focus point where people were now sitting close to the fire images and talking with each other. The television had curtains pulled across it and it was kept for showing specific programmes as activities so that when it was used it made an important event.

Staff were supporting a project from the 'Sensory Trust'. This is an organisation which focuses on sensory design, and using nature and the outdoors to improve the health and well-being of people living with disability and health issues. They were supporting people that lived at the home to engage with nature. For example bringing the garden into the home and using external areas for the benefit of people living with dementia. This included the use of a range of flowers and shrubs which people were encouraged to touch to

gain a positive sensory sensation. This helped people to experience an exceptional level of care and support that promoted their wellbeing and encouraged people to engage in a stimulating and meaningful life.

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, moving and handling, health and safety and safeguarding. Where necessary new staff without previous care experience completed the care certificate. The care certificate is a training scheme for staff in social care which it is recommended that all staff new to care complete.

There were regular staff quizzes set by the registered provider to test their knowledge in an informal and fun way, in order to support staff to continuously develop their skills. These quizzes were designed to informally test staff knowledge on certain scenarios. For example a recent quiz focused on how responsive staff would be in a situation which resulted in a person who presented in a challenging way. Staff told us it 'kept them on their toes'. One staff member said, "It's a fun way of learning". This demonstrated the commitment of the registered provider towards ensuring staff were always at the highest level of competency in their roles.

There was a comprehensive system in place to support staff working at Coombe House. This included regular support through supervision and appraisal. Staff told us supervision was continuous and included face to face meetings with the registered provider as well as observations of their practice. A new approach had been introduced which involved staff supervising each other. Staff told us it was working because they had trust in each other's practice and staff had realised that by trusting each other they could learn from each other's practice. For example, it had been successful in supporting further how staff developed and used alternative ways of communicating with people, other than verbal communication. Staff had tried and had success engaging with people in groups through open discussion rather than specific issues. There were also informal methods of staff supervision being used including daily handover meetings between shifts and group supervision meetings about operational tasks and best practice. This showed the service's staff were using creative ways to learn and promote constant improvement in the way they provided care. Staff told us, "It's just a great place to work. The training and support is so good" and "We [staff] get support at every level. It's great to know you have the support if you ever need it."

All the staff we observed were extremely professional and effective in their roles, following care plans, administering medicines safely and speaking with people and each other in a very positive, professional, and friendly manner. For example, "Would you like your tablets now [Person's name] or would you like to take them with your lunch. It's your choice. I'm happy to sit here with you for as long as you want me to." The response was positive because the person had the time to consider and understand what was being said to them. The staff member told us this was just a small example of what they do all the time. They said, "We work with the resident and in their timeframe." One person had become more disengaged with things around them as their dementia progressed. The service was using the methods of supporting people with dementia as developed by the 'butterfly scheme' and 'dementia care matters'. Using these methods enabled staff to identify and focus on each person's broad level of functioning and then develop an individual approach to engage with the person in a much more effective way. For example focusing on specific items or on music they had enjoyed before their dementia had progressed. This knowledge assisted staff in the development of an individual action plan to meet each person's needs. This demonstrated staff were unconditionally meeting each person's individual needs.

In order to make sure people living with dementia did not feel lost in their home, the service had recognised the importance of pictorial signage around throughout the building. The service had researched good practice from organisations including Dementia Care Matters and the Butterfly Scheme. Some people had items of interest which were wall mounted outside the entrance to their rooms. For example a person had lived in another part of the world for part of their life. This had been an important time in their life and the

items reflected this. Staff said it was a talking point and the person often smiled and engaged with staff about it. This ensured the environment often changed and developed to meet people's individual needs.

The registered provider and staff recognised people living with dementia often experienced problems with eating and drinking and maintaining a balanced diet. In order to support people to maintain good nutrition the services approach to meals and meal times was inspirational. The approach included, being flexible in meal times. Staff had been reminded at a meeting that "Meal times are not set in stone, but roughly 12:30 to 1pm for lunch and tea 5-5:30pm. Any earlier it gives no real break between breakfast and lunch and an early tea makes for hunger in the night when waking is then more likely." This demonstrated the service understood how best to manage meals. However some people ate outside those times. Examples of this included staff making snacks during the night and supporting a person who liked to sleep at times which did not always fit with mealtimes.

Meals were expected to be a social occasion and not a task. Staff ate with people, with a member of staff sat at each dining table. This was observed during the morning and lunch time. It meant mealtimes were sociable events and broke down barriers. It also encouraged conversations. Staff talked about the smell of the food and how food might be cooked. For example, "It's a roast today [Person's name]. We talked about how you liked making roast dinners for your family." This created a general discussion around the table about what had been the best joint to roast and took one person back to their childhood where meat was cooked on an open range. During the morning a table was set with a range of cereals, jams and homemade bread. A staff member told us night staff made sure the bread maker was on so when people get up they can smell the fresh baked loaf. A staff member said, "There is nothing as good as smelling fresh baked bread and it helps stimulate appetite. People were encouraged to make their own choices for breakfast. Lunch involved staff bringing a range of prepared food to each table and serving it to people individually. This supported people to make choices and have control over the portions. Staff conversations included, "Have you had enough [Person's name] I know you like this and there is plenty more," and "If you want more potatoes I can go and get some it's no problem." People were encouraged to drink fluids throughout the day. Staff had been reminded by the registered provider not to use juice at lunchtime because, "Juice confuses the taste buds and makes enjoying savoury food difficult. This demonstrated the service used extremely good practice in supporting people with dementia and for staff to be creative in ensuring people had a good and balanced diet.

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's capacity was assessed and considered in decision making processes. Best interest meetings were held to share decision making with family and healthcare professionals. All the people living at Coombe House had family members with Power of Attorney in place. This meant they had the legal powers to act in their relatives best interests and provide consent on their behalf.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied for a DoLS authorisation for most people living at Coombe House due to restrictions in movement with room sensors for some people.

People had access to healthcare professionals including doctors', dementia and mental health support.

Regular checks were in place with dentists, chiropodists and opticians. Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. A health professional told us, "The home always seems welcoming to all, the staff seem very competent in dealing with patients with complex dementia. Staff always go above and beyond to be an advocate for their patients wanting the best outcome, the district nurses work well with the staff and they always take on board the advice we give, they will always ring us for advice if needed." Other comments included, "Coombe House is an exceptional service," "Always proactive and "They [staff] call us if they have the slightest concern" and "Totally outstanding."

The registered provider had based the homes environment on good practice for people living with dementia. The dementia friendly environment had created an exceptionally positive impact on people's emotional well-being and independence. For example, there were a range of lounges which people could use collectively or where some people wanted to be quiet. Spaces were available if people were anxious or confused. People's rooms were accessible at all times and people were seen using their own rooms when they wanted to. All rooms had natural light and there was a range of additional lighting including a range of lamps in each room.

There was no lock on the front door other than an alarm to alert staff if people wanted to go out. People were not immediately encouraged back into the house if they went out and staff supported them until they were ready to return. The registered provider recognised how important gardens were to some people. It had been designed to include colour schemes, textures and buildings which provided people with seating areas. There was a summer house and lawned areas. Some people liked to look out over the garden and their own rooms had chairs facing the garden so they had time to enjoy the views. A talking point was a pair of mannequins sheltering under an umbrella. They were generating a lot of discussion. A staff member told us it had been a bit of fun but that it still generated a lot of conversations and so had remained. Each of the communal lounges, hall and dining room had items which people could pick up, look at or move around. For example, a cabinet had drawers slightly open with a range of scarves, hats and other textiles which people often touched and looked at as they passed. The dining room had a range of objects as previously stated which people frequently picked up, moved around and focused on. This was based on good practice in dementia care. It demonstrated the service was outstanding in their effective approach to care.

There were no restrictions at all in respect of how people spent their day. They were supported by staff to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and their choice of food. Some people made their own choices about whether to stay in their rooms use the lounge areas or both. We observed people using all areas of the service and staff were always close by, either engaging with the person or keeping a discreet distance.

Is the service caring?

Our findings

The registered provider and staff were passionate in their approach to caring for people living with dementia. They took it very seriously and recognised the importance of providing an extremely high quality service to people living at Coombe House. The service had achieved the highest level of accreditation for meeting the criteria for the 'Butterfly Scheme'. The scheme is based on a model of care specifically designed to improve the lives of people living with dementia in care homes. It is aimed at optimising and delivering personalised care and support based on three elements. Leadership, coaching and learning. Staff told us this approach meant people had the very best outcomes. Comments included, "Just amazing. I have worked with dementia residents in other settings, but I can honestly say the care we provide here is the very best I could have imagined," and "The way we work and care for residents and the support and training we get is inspirational."

Families told us how the registered provider and staff make them feel involved in their relatives care. They constantly told us they were extremely pleased with the care and support their relative received. They said that staff were always welcoming and passionate about the care they provided. Comments included, "We are made to feel we can come and go whenever we like," "[Person's name] gets up in the night quite often as that's their pattern. We have been told to call in the night if we want to. They [the service] could not be more open than that" and "The proof we have that this is an exceptional service was when [Person's name] told us, "Do we have to go out I like it here." It was very clear through the comments we received that families and staff found the care being delivered at Coombe House was remarkable. Families were consistently praising the patient and caring attitude of the staff. They told us their relatives were treated with kindness, respect and dignity. Relatives told us, "I can only praise Coombe House for their dedication, love and amazing care," "We [family] can rest in peace [Person's name] is cared for by an amazing team of staff. All providing care of the highest quality" and "What really matters is that my mother is allowed to be an individual with unique needs and expressions, and she is given a high quality of care within this. There is nothing to compare with the quality of care we have received at Coombe House and it has made my mother's last several years with dementia actually peaceful and happy."

Staff told us the registered provider set very high standards and was 'totally' dedicated in ensuring the standards of care were outstanding. Comments included, "Nothing other than the very best care is accepted here" and "We are not ruled by times and routines. We have the time and staff on duty to let residents do what they want when they want. Just a brilliant way of caring."

Staff clearly had the skills to care and support people. For example when a person opened the door to go out of the service, staff were alerted by an alarm. The staff member did not attempt to coax the person back inside even though it was a cloudy overcast day. They held their hand and asked if the wanted to walk around the garden and said, "It's a bit chilly should we get our coats." The person looked at the staff member for some nonverbal support. The caring manner in which the staff member spoke with the person had an extremely positive impact on the person for the rest of the afternoon. They were calm and relaxed. The member of staff told us by recognising behaviour patterns they were able to focus on the level of care needed at any time. The person's care plan informed staff of the best approach for the person when they

became distressed or wanted to go out. This showed that staff knew people on an individual, person centred level and acted in the most caring and responsive way.

The kitchen was accessible to people if they wanted to use it. The storage of dry foods was designed in a way which might have reflected the persons own kitchen. Two people strolled into the kitchen in the afternoon period. A staff member did not discourage this. They opened up a general conversation. They knew the sort of activities both people liked to be involved in. For example one liked to wash up some cups which encouraged them to engage in conversation. Another like to use the mop to go over small areas of the floor. Staff supported them to do this without any restriction but by staying close by and guiding them when needed. A staff member told us, "Doing it this way means [person's names] are much more relaxed and calm. It's something that's been important to them.

There were numerous examples of staff supporting people when they became distressed and we saw many examples of this caring approach to people throughout the day. Staff gave people time to communicate in their own way either verbally or by using items to encourage communication and help people focus on what was happening to them or what they might want or need. For example, one person approached a staff member, held their hand and guided them to the kitchen. The member of staff asked if the person would like a drink as this was often the prompt the person used. The level of understanding staff had about individual people living at Coombe house was noteworthy and demonstrated the level of compassion and understanding of people's needs through excellent communication channels.

During our inspection we saw staff were extremely compassionate in the way they supported people. For example where a person had a medicine review it was decided to use an alternative approach. This included walking with the person. Walks had gradually extended from one to three miles, all at the person's own pace. It had reduced the need for additional medicine. This demonstrated the exceptional delivery of care. In another instance it had been recorded, "What helps me enjoy my meals"? The person had a medical need to take meals which had been pureed. The staff had a list of what, "I like and what I need." It included, "Likes a deep bowl." "Don't like water on my face." Staff could clearly recall this level of detail. A staff member told us, "Mean's a lot to people and it makes such a difference to a person's quality of life when you know these small details, but the impact is really important for us to understand."

Staff did not wear uniforms which the registered provider told us had been shown to reduce barriers when caring for people living with dementia. Staff told us they felt uniforms created barriers and it was not homely. A staff member said, "Residents still see us as carers and I think it makes for a calmer approach." This was evident throughout the inspection when we observed people engaging and approaching staff throughout the day. There were no restrictions and people were calm and comfortable.

Staff were extremely positive about the way their training had supported them to deliver care. It had helped them support people living with dementia to lead very meaningful lives. This was achieved by taking down barriers such as restrictive practices, locked doors, restrictive movement and denying people's rights to take certain risks like going outside. By using the principles of good dementia care through current good practice and legislative guidance, it gave staff the resources to apply outstanding person centred care. Staff gave us examples of this level of care where a person had lived at Coombe House with the support of other professionals and where it might not have been achievable in other care settings. A staff member told us, "The care that we gave [Person's name] was excellent. Everyone pulling together to go above and beyond." This was confirmed through comments we received from external professionals. One said, "All the staff at Coombe House had the very best interests of people in mind. Exceptional."

Staff were totally focused respectful and protected people's privacy and dignity. For example when people

were being supported to move around the service staff spoke with them in a low voice and assisted them with the minimum of fuss, reassuring them throughout. People responded extremely positively to this support. Staff knocked on people's doors and waited to be invited in before they entered. People's bedroom doors were closed when care was being delivered. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for.

People and their families were involved in decisions about the running of the service as well as their care. Families told us they were regularly kept informed about their relatives care and if and when changes occurred. People living at Coombe House all had people to represent them who had legal responsibility for their care and well-being. This meant they had the legal right to consent to any changes or other aspects in the person care. The registered provider told us this was important as it meant decisions about changes in a person's care and welfare could be made much more easily and in the best interest of the person. Families told us they knew about their loved ones care plans and the registered provider would invite them to attend all care plan review meetings as they wished or could attend. Comments from relatives included, "We are not close to Coombe House but that does not make a difference [registered provider] keeps us very much up to date" and "We [family] are involved in all aspects of [person's name] care. It makes us feel very involved. Never any surprises."

Staff recognised the importance of supporting people to maintain contact with friends and family. Some families lived away from the service and even in other countries. This did not stop links being maintained through regular calls or in some instance using technology to visually speak with families who did not live close by. Comments from families included, "We are not very close but have regular calls," "Always made to feel very welcome and we have lunch with [Person's name]. It's a very social home."

Is the service responsive?

Our findings

People received care and support that was without exception responsive to their needs because staff were so focused and aware of what support people required while living at Coombe House. Staff were extremely knowledgeable about how people liked to be supported and what was important to them. For example, staff had researched how best to support people to have a good night's sleep. Staff had spoken with families to identify any prompts, such as, 'Is the room dark enough or does the person sleep better with some level of light. Do they like a window open or do they like the room to be warm. If they wake up would they usually like a drink or something to eat. Records showed staff were regularly responding to this level of support. For example, where people had woken up in the night and staff had made snacks for them. In one instance a staff member had spent part of the night with a person and read with them. This response had calmed the person so they were able to rest, resulting in a calm and relaxed day for the person.

Family members told us how the staff had an excellent understanding of their relative's individual needs, which resulted in them receiving personalised person centred care. People told us that staff knew what their preferences were and how they liked to be supported. One person said, "Coombe House exceeds my expectations and all preconceptions of a care home. I think they are doing a wonderful job." Other family members told us, "Coombe House just goes over and above what anyone would expect or want for their relatives." All the people we spoke with were 'extremely' satisfied with the 'high' level of care people received living at Coombe House.

Staff promoted people's physical and mental wellbeing and helped them keep active. For example, the registered provider used research evidence that Tai Chi was a positive therapeutic exercise which benefited people living with dementia. This led to the introduction of weekly sit down sessions. It was inclusive and available for people using the service staff and families. A professional told us, "I feel very comfortable there and find the atmosphere caring and creative. People are treated as unique individuals which gives me confidence and I feel my efforts are well received." The service had also employed the services of a music therapist each week, again based on good practice for supporting people living with dementia. The therapist told us it was well attended. "Up to twelve people attend and sometimes visiting relatives and friends." The sessions included memorable music and songs which can unlock precious memories and bring them to the present moment. The therapist felt supported by staff and told us, "A staff member supports me. They are kind, empathic and sensitive. They are able to hold a sense of music within the house during the week. Equally there are other staff who dip in and out of the group sessions but they quickly recognise significant songs for residents and draw on them when they need to."

Music therapy was described to us as supporting the psychological and emotional needs within a safe and supported environment. One person said, "We sing, play, dance and cry together but it always produces a positive mood shift by the end of the session." This demonstrated the service embraced new and innovative approaches to stimulate people's senses while supporting their health and emotional well-being.

Staff told us, "We make every effort to engage and use out local community facilities. "We take the train to Looe and have ice creams and fish and chips by the sea. Every year we are invited to the local pantomime.

Staff support people but some families come along as well, so it's a real family outing and we get in the mood for pantomime." Also, "We support residents to attend a local theatre matinee and again include families so it is inclusive and creates a great atmosphere." A family member told us it had been really important to their relative as they used to go to the theatre a lot. A family member told us, "They [the person] loved it. Drank tea, ate scones and clapped wildly when the children were on stage." Also, "It was a great joy to see [Person's name] to see them so happy." A staff member said, "It's something they [the person] have always done and we keep that going here. Some people love shopping and we support them at least once or twice a week for groceries or fresh food. Whoever comes along likes to be involved by pushing the trolley. We make it as purposeful and engaging as possible. We often suggest that they can buy whatever they want for tea and we get some surprising choices."

The service used a variety of transport including wheelchair taxis for people who found it difficult to go out at other times.

The level and range of activities available to people were extensive. This demonstrated the exceptional opportunities available to people both in the service and in the community. For example, one person had always lived locally and staff supported them to visit an old friend close by in order to maintain their friendship. Where people had always enjoyed gardening, they were supported to visit local garden centres where they could purchase plants which were then planted in the garden. A staff member said, "It's just amazing the joy one plant can bring to a person."

A staff member told us, "We are in the middle of the countryside and often go for walks with people. Sometimes down to the farm shop where we can have a coffee and snack." They also said, "We encourage families to continue with outings as they would have done before and many feel confident to do this." A relative said, "We take [person's name] out whenever we visit. It means a lot and brings back many memories." Hairdressers, chiropodists and optician's visited the service but wherever possible staff supported people visits to these services.

The registered provider and staff told us that for many people the highlight of the year had been watching [staff member] get married. A staff member said, "We were all invited to the church and threw confetti. The comments demonstrated that everybody had enjoyed the day with people enjoying getting dressed up, wearing hats and fascinators which created a lot of laughter and conversation."

The range of activities were aimed at lessening anxiety and irritability that dementia conditions could bring. The registered provider also told us it helped people living with dementia feel more engaged with life. A staff member told us, "We never stop looking for opportunities."

In order to enable staff to get to know more about a person they supported, where possible, relatives were asked to complete a life story book. A life story book was a way of staff learning about the persons past and what was important to them. Some of this information and personal items were transferred to the person's room. This supported the person as a reminder of times which were significant in their lives, as well as helping staff to focus on issues that were important to the person. For example, where they had lived, who their friends were, their interests and what they liked or didn't like. A member of staff told us that this additional information really helped them to initiate a meaningful conversation with the person. Staff also told us that it often placed people at ease during care tasks such as personal care.

People who chose to live at the service had their needs assessed prior to moving in. This helped ensure the service was able to meet people's needs and expectations. The registered provider had a notable level of knowledge about the level of support people required. Their decisions about any new admissions were

made by balancing the needs of any new person with the needs of the people already living at Coombe House. This system made sure as much as possible people living at Coombe house had their individual and collective needs met by staff who understood them and were compassionate in their response. A professional told us, "Without doubt [registered provider] and staff have an in-depth understanding about what will work for the person living at Coombe House. They see this as really important not just for the resident but also for everyone else."

The care plans covered people's care needs as well as their social support needs and wishes. Examples of records completed regularly included daily notes and various care interventions which took place to monitor individual needs. Care plans supported staff in ways which people might respond to positively. For example one file told staff, "[Person's name] is sociable, friendly and likes to dress stylishly. Tactile and likes cuddles." Our observations showed this person was well dressed and wearing costume jewellery which they were keen to show off. Throughout the day staff engaged with the person regularly and the person responded in an animated way and was clearly in a positive mood. Throughout the inspection there were continuous examples of staff making positive responses to people. It demonstrated staff undoubtedly understood the small but important facts which were very important to people. Reviews were held monthly or where required, should there be a change of risk level. Staff were supported with advice from health professionals to ensure that people's medical and care needs were being managed. Reviews to check that the care plan was still accurate were taking place by senior staff. This was important to make sure important information about the person that might have impacted upon the delivery of care, remained up to date. A staff member told us, "There is a buddy system to ensure continuity of care. Making sure nothing is missed."

Risks were being consistently reviewed and responded to and there were measures in place to minimise risk. For example, where additional support was put in place to support a person with swallowing difficulties. This included referring for specialist support. There were guidance sheets available to support staff. For example, prompts to look for when providing care for people living with dementia. This included, allowing time, entering the person's world. Also, prompts to look for signs of urinary infections which might result in further confusion. Staff told us these prompts were very useful and had helped them to identify issues quickly so they could be responded to. Where staff and professionals had encountered difficulties in supporting a person's emotional distress in the final stages of their life, the registered provider had arranged a multi-disciplinary meeting. This was to share thoughts and ideas between professionals about what could be improved on if this was encountered again. A professional told us, "[Registered provider] was passionate about us all getting it right in future and we all learnt something from this meeting and how we all might do things differently in future." This demonstrated the proactive approach to care and support from the registered provider in developing and delivering a person centred responsive service to people.

Handovers took place between shifts to make sure staff were fully informed of any changes in people's needs. Staff told us this was especially important because mood changes can happen very quickly and it was important any prompts or factors were identified. We saw numerous examples of staff responding to changes in people's mood throughout the day. For example diffusing a discussion between two people with calm and soothing tones, eye contact and holding the persons hand. This immediately diffused the situation. It was very clear staff understood how to respond and effectively manage such situations. In another instance a person frequently wanted to leave the service. A staff member did not stop them but followed discreetly and eventually engaged in conversation with them. They identified the person was looking for something and by talking about finding it in the house they returned and the person was reassured. It was further evidence of the exceptional understanding and skills staff used to effectively respond to peoples emotional needs.

Staff kept daily records detailing the care and support provided each day and how people had spent their

time. These were completed consistently at various points throughout the day and were detailed, providing a good overview of people's health and emotional well-being. Staff told us the daily records were informative and gave them the guidance they needed to respond to people's needs.

People and their families were provided with information about how to make a complaint. Details of the complaints procedure were displayed at the service. People told us they would speak with the manager or staff if they had any concerns. The service responded to concerns and complaints in accordance with their own policy and procedure. There were no outstanding concerns or complaints at the time of the inspection. A relative told us they felt confident the manager would act on any issues they might raise with the service. They said, "I have no complaints but I know (registered manager) would listen to me and take action if needed."

The maintenance of the building was being kept under review. General decoration and upgrading of the service was reviewed as part of the business plan to focus on areas which required more immediate attention. Any defects were reported and addressed where required by individual contractors. There were regular checks of equipment used at the service including wheelchairs and hoists to ensure they were safe.

Is the service well-led?

Our findings

There is no condition for the service to have a registered manager in post. The service was being managed by the registered provider who had oversight of the operation of the service. 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.

All of the feedback we received throughout the inspection was overwhelmingly positive with people consistently telling us they were extremely satisfied with the care they received. It was clearly evident there was a mutual respect between people living and working in the service. Without exception people told us Coombe House was extremely well led. Staff told us, "It's an amazing place to work and the support we get is brilliant" and "Leads by example. Very open and always there if there is anything tricky we might need support with." Professionals told us, "Outstanding, professional at all times and pro-active" and "We (professionals) respect the level of knowledge and professionalism displayed at all times from [registered provider] and staff. Passionate about what they do."

Families told us they thought the way Coombe House was run, gave them 'extreme comfort and confidence'. They told us they had complete confidence in the way the service was managed. They said, "What an amazing service at every level," "We can't say it enough an outstanding service" and "We [family] do not live close by, but we decided this was the best place for [relative name] because of the excellent care the [registered provider] and staff provide." All the information we gained throughout the inspection upheld these comments.

The registered provider worked closely and on a daily basis with people who lived at Coombe House and the staff team. The registered provider had extensive management experience and a proactive style of leadership which people appreciated and responded to. It was very evident the registered provider strived for excellence through consultation, research and reflective practice. They were passionate and dedicated to providing an outstanding service to people. The staff team were encouraged to continuously improve the lifestyle and wellbeing of the people they cared for. This meant they were totally committed to providing the best service they could deliver, resulting in the finest possible outcomes. This was evident by the enthusiastic way the staff team described improvements and ideas they were developing.

The registered provider was passionate about continuing to develop excellent dementia care and was proud to share the service's own practices with the care sector through being involved in projects. For example, the registered provider had been selected to take part in a parliamentary review of care for 2017. They said, "I was so excited about getting the opportunity to demonstrate what the best dementia care looks like." "Felt we had some control of the vision of outstanding care for the future," and "It's imperative to present and share good practice. It's the best way to motivate people at all levels."

The staff team worked in partnership with other organisations at a local and national level to make sure they were following current good practice and providing a high quality service. For example the registered provider and staff members attended regular conferences and workshops which looked at what would best

suit the needs of people living at Coombe House. A recent conference resulted in the registered provider coming back to the service to look at how to build on writing person centred care plans which was already used by the service. This demonstrated the registered provider's total commitment to respond to good practice ideas and where appropriate, use them to better enhance systems in the best interest of people using the service.

The management team and staff followed the 'Butterfly Scheme' and 'Dementia Care Matters' models of care, as well as using publications to build on the outstanding level of care being delivered to people living at Coombe House. The registered provider regularly researched innovative initiatives and new care tools to improve the management of the service and support for people. Through researching creative initiatives, the registered provider had identified the potential value and enhancement to people's lives. These initiatives were innovative and not yet widely used in care services. For example, the service was one of only two services caring for people living with dementia who were involved in a 'Sensory Trust' project. Its aim was for the service to develop and lead the way in engaging with nature and use of outdoor spaces. The registered provider had prepared feedback to the trust. It had identified a number of positive developments but had also picked up issues. This including realising that a simple task to plant cress seeds had identified people did not always have the dexterity to manage the seeds. Therefore this would not be a suitable for most people. This demonstrated new systems and initiatives were being monitored and evaluated by the staff team for usefulness.

As well as acting as a motivator to guide staff to positive ways of engaging people, it helped them reflect on and learn from methods that had not worked as well as they hoped. Through the registered providers encouragement and motivation staff had sustained outstanding practice and improvements over time.

The registered provider endeavoured to maintain and improve people's quality of life and wellbeing. They told us they and the staff team were totally committed to looking at ways of improving the service. They said, "I never stop reflecting on what we do and why. Care practices are changing all the time and we [staff team] are open to any idea which will benefit and improve a person's life. It's so important because we are acting in their [people] best interests." The registered provider gave us an example of where this goes beyond the service by using community facilities whenever possible. They said "We always aim to engage with services beyond the home." This included using a local memory café where people could engage with others still living in the community with various levels of dementia which might be impacting on them and their families.

Staff told us that they felt part of an exceptional team. They told us they felt valued, supported and encouraged and that they really enjoyed their work. They were passionate about their jobs and the ethos of the service. One staff member told us, "I feel privileged to be part of this lovely home. It's an amazing place to work. In fact I don't see it as work," "We [staff] feel valued and made to feel that what we do is so very much appreciated. That's from [registered provider], residents and their families" and "An exceptional place to work." It was clear through observations and records that the service was managed in an open and transparent way so that all stakeholders felt involved, respected and appreciated. A staff member said, "[Registered provider] is open to suggestions and really listens to our ideas and is prepared to try them out. Sometimes it works, sometimes it doesn't but at least we try.

The service welcomed inspection of its service and practices. For example the local commissioning authority carried out evaluations of the services quality. The registered provider told us they had worked with the local authority quality monitoring team to give examples of good practice in dementia care. A staff member said, "I think what we do is inspirational." In addition the service was accredited with an external organisation

which focused on a culture changes in care homes for people living with dementia. Coombe House had maintained the highest level of accreditation for a number of years. Comments from its most recent inspection included, "Very high levels of well- being in evidence," "Family like mealtimes offering a high quality of food," and "Staff compassionate in what they do." This demonstrated the management of the service embraced scrutiny of what they did and was totally open and transparent.

There were procedures in place to monitor the quality of the service. This included regular auditing of records, policies and procedures so they reflected current good practice and meet legislative requirements. There was a less formal approach to gaining the views of people using the service. This included staff having regular informal chats with people about their views of the service. Where people were unable to give their views, relatives and advocates were involved. Meetings were also regularly held to involve and consult on operational issues for other professionals engaged with the service. For example a recent multi-disciplinary meeting for learn from an event. A professional told us, "Excellent idea from [registered provider] we all took something positive away with us." This demonstrated the exemplary level of openness and transparency of the management of the service.

Staff explained there were opportunities to discuss any issues or concerns they had. We looked at previous minutes of meetings. We noted areas such as training, people's needs and any specific operational issues were discussed with staff. This showed staff had opportunities to voice their opinions and discuss matters that might improve the service.