Sirona Care & Health C.I.C.

Combe Lea Community Resource Centre

Inspection report

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Ratings

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

Overall summary

The inspection took place on 5 June 2015 and was unannounced. The service was last inspected in September 2014 and met with legal requirements.

Combe Lea Residential Care Home is registered to provide personal care for up to 30 people. There were 30 people at the home on the day of our visit.

There was a registered manager for the service. A registered manager is person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The system for managing people's medicines was not safe. The recording of medicines was not always accurate. This meant medicine records did not always show whether people were given the medicines they needed.

Summary of findings

People's personal care needs had not always been identified and care plans did not always show how to support people in a way that met their needs. This meant people there was a risk people did not always receive care in the way they required.

The system of supervision to support staff effectively in their work was not up to date. This meant staff did not receive the right level of support in their work. This could impact on the quality of service people received.

There was a lack of suitable social and therapeutic activities for people to take part in. People told us there was not enough to do at the home.

A recent staffing restructure had taken place in the home. Staff were now working in all areas of the home. Previously staff had mostly worked on one of the two floors. There was mixed feedback from people about how effectively this new system was working. People were concerned they no longer saw staff they knew. People had not yet got to know the staff who were now providing them with some of their care.

People spoke positively about the staff and the way they were supported with their care needs. The staff were kind and caring in their approach with the people they supported. People and staff communicated positively and in a good humoured way. People told us they felt comfortable to approach staff whenever they needed.

People were supported to eat and drink enough to be healthy and their food preferences were taken into account when menus were planned.

Systems were in place so that the requirements of the Mental Capacity Act 2005 were implemented. This legislation protects the rights of people who lack capacity to make informed decisions.

People felt able to express their views about the service. They knew how to make a formal complaint if they were unhappy about any aspect of their care

Regular checks on the quality of care and service were undertaken. When needed, actions were implemented to improve the service. Quality checks had identified that medicine records and care records needed to be updated. They had also identified that staff supervision had not been kept fully up to date for all staff.

The registered manager and a senior manager had kept people, their families and staff well informed about the new staffing structure at the home. This was put in place in April 2015 and the registered manager told us the main purpose of the restructure was to provide people with a more flexible service.

We found two breaches of the regulations during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some aspects of the service were not safe.

Records of medicines were not always up to date or accurate. This meant people could not be assured they were always given their medicines.

There was a recruitment system in place so that suitable staff were employed to work at the home.

The staff knew how to recognise and report abuse and any other concerns about the service

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

Staff were not consistently supervised in their work. This meant staff were not always being supported to provide people with effective care.

The staff in the home knew the people they were supporting and the care they needed. The staff were trained and competent to provide the support people required.

Is the service caring?

Good

The service was caring.

People felt they were well cared for and that staff were kind in their approach to them. The staff were friendly in manner when they provided support.

The staff in the home understood people's needs and new how to provide them with the care and support they required.

Is the service responsive?

Requires improvement

The service was not responsive

There was a lack of social and therapeutic activities to ensure that people felt properly stimulated and engaged.

Some care plans did not show how to provide people with the support they needed. This meant people did not always receive assistance in the way they preferred.

People knew how to make their views known and there was a suitable system to receive and handle complaints or concerns.

Is the service well-led?

Requires improvement

Some aspects of the service were not well led.

Summary of findings

There was a system in place to monitor the quality of care. This system was up to date and was used to improve the service people received. The provider's audit system had identified recent shortfalls in the service. An action plan was being put in place to address them.

The staff and people at the home felt supported by the registered manager. People told us they were able to see the registered manager at any time

Combe Lea Community Resource Centre

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 inspection took place on 5 June 2015 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service. Their area of expertise was in the care of older people.

Before the inspection, we reviewed the information we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We contacted local commissioners of the service prior to our visit to obtain their views about the home. They informed us of the outcome of the most recent visit to the service.

We spoke with 16 people who lived at the home and four relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager and nine members of staff. We looked at four people's care records and a number of records related to running of the home.

Requires improvement

Is the service safe?

Our findings

The systems for managing people's medicines were not safe in all aspects. It was not always clear if people had been given the right amount of medicines because stock check records were not accurate. There were also discrepancies on eight medicine administration records that we viewed. The records did not clearly state whether the correct amount of a medicine had been given to the person concerned. For example, where people required pain relief on an occasional basis it had not been recorded how many tablets the person had been given. This meant it was unclear if people had been given the medicines they required at all times. Topical creams had not always been signed for to confirm they had been administered to the person

One person's medicines had been changed by a GP five days previously .However the staff had not ordered the medicines that were required. This meant the person had not received the medicines they required. There were three inaccuracies where stock of medicines did not match with how much the records said were there.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Due to the recent staffing restructure staff roles were changing. This included additional staff being trained to give people their medicines. The staff told us they had been on training to learn how to give out people's medicines safely. Some staff spoke positively about undertaking this task, however other staff said the training for medicines administration failed to give them the confidence and to safely give people their medicines. However, we observed that staff who gave out medicines followed safe procedures.

The staff demonstrated knowledge about the different types of abuse that could occur and the impact on people. The staff also understood who to report an allegation of abuse to. The staff told us they had been on training about safeguarding adults. Contact information for the local authority was available for staff if they needed to report an allegation of abuse.

There was a procedure for staff about how to 'whistle blow'. The staff were able to explain to us what whistle blowing in the work place was. They knew it meant to report issues of malpractice at work to relevant people and organisations. The organisational contact details were on display in the home.

Accidents and incidents, which occurred at the home were analysed and improvements to people's care were put in place a result. For example, people were given increased support after they had experienced a number of falls .Risks assessments were written after an accident or occurrence had happened. The assessments explained what actions were needed to minimise harm to people. These areas included risks from falls, the risk of skin breakdown and mobility issues. Staff supported people with their needs in the ways set out in their particular risk assessment records. For example, we saw staff helped people to use hoists safely. People who needed assistance when they walked due to a risk of falls were supported by staff who followed safe procedures.

The required checks were carried out to ensure new staff were suitable to work with people. The staff employment records included evidence that a Disclosure and Barring Service (DBS) check was carried out on staff before they started work. The DBS help employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable adults.

People were supported by enough experienced staff to meet their needs. The staff spent time supporting people and assisting them in a calm and attentive way. The staff were able to respond promptly to people when they wanted their help. People we spoke with said they thought there was enough staff to meet their needs. One person said, "They do come when I need them". Where certain people needed one to one support due to their care needs, for example with their mobility, this was provided.

The registered manager said staffing numbers were worked out and adjusted whenever they needed to be. There was information confirming that staff numbers were based on the care needs and numbers of people at the home. This was so that there were the right numbers of staff to safely meet people's needs.

Health and safety risk assessments were undertaken to minimise risks and to keep people safe. Actions were put in place when required to make sure the premises were safe and suitable. There were also checks to ensure sure

Requires improvement

Is the service safe?

electrical equipment and heating systems were safe and fit for use. Fire safety records showed that regular fire assessments had been completed. There were also regular file drills undertaken.

Requires improvement

Is the service effective?

Our findings

Staff were not being supervised in their work as frequently as the provider's supervision policy stated they needed to be. The policy stated staff were to meet with their supervisor at least once every six weeks. There were gaps in supervision records that showed some staff had not met with a supervisor for over six months. The registered manager had identified a shortfall in the frequency of staff supervision and had put in place an action plan to address this. We saw that some staff had had recent one to one meetings with a supervisor after a gap of six months with no formal support. Staff supervision is a system used to monitor and improve the performance of staff . This meant there was a risk that staff did not provide effective care.

There had been a recent restructure at Combe Lea which meant that staff were now working on both floors rather than being dedicated to one. Staff gave mixed feedback on the restructure and how it had affected people using the service. One member of staff told us "We (the staff) knew all the residents on our floor really well, and they knew us. It is harder now because we have to get to know different residents, and they have to get to know the other staff. We don't have time to read the care plans, so we have to rely on staff who do know the residents to tell us about their needs". Other staff made similar comments; however, one member of staff told us it made no difference to them. People who lived at the home and some relatives told us they found the new restructure hard. They said this was because they did not see the staff they knew best as often. They also said they had to get to know staff they had not met before. The registered manager and senior manager told us that the main purpose of the staffing restructure was to provide a more person centred flexible service . One way it was hoped this would be achieved was by staff working in all parts of the home and getting to know each person and their needs.

People had positive opinions of the support and assistance they received. One person told us, "They are all so helpful. Other comments people made included, "they try their best", and "It's not like home but they are all kind".

The staff told us they worked well together as a team and they communicated well with each other to make sure people were receiving the care they needed. The staff also demonstrated an understanding of how memory loss and dementia type illnesses impacted on people who used the service. They told us they needed to be patient and flexible in approach to effectively care for people.

People received care from staff who had the knowledge and skills needed to carry out their roles. Staff said they felt well trained and able to ask for further training if they wanted it or felt they needed refreshing. For example, one staff member said "Although I had received dementia training before, I asked for refresher training before I began working on the dementia unit. This was agreed and it meant I felt I had the knowledge I needed to care for people with dementia".

Staff told us they had access to external training and told us they had attended all required updates. They told us the training was "good" and "useful". Support workers had recently been invited to attend medicines management training. Some staff were reluctant to take on the added responsibility, but they all told us they had been supported throughout. One told us "I was told to do the training, but that if I still didn't feel confident, I wouldn't have to give medicines".

Staff were provided with a thorough induction programme when they started work at the home. The induction programme included training in different health and safety practices and procedures They were taught about the needs of people who lived at the home and how to meet them. This was to ensure new staff had the skills and knowledge to effectively meet people's needs. We spoke with recently employed staff who said they had completed an induction programme and this had included working alongside experienced staff.

Staff understood the requirements of the Mental Capacity Act 2005 and confirmed they had attended training. The Mental Capacity Act 20015 aims to protect people who may not be able to make some decisions for themselves. It also enables people to plan ahead in case they are unable to make important decisions for themselves in the future. Staff asked people what time they wanted to get up, and where they wanted to sit for lunch for example. Care plans contained signed mental capacity assessments that related to people's needs. Staff told us "We always ask first. People can get up when they want, and go to bed when they want. It's entirely their choice". The registered manager told us and the records confirmed that best Interest meetings were

Requires improvement

Is the service effective?

held when needed. The purpose of a best interest meeting is to ensure that decisions for people who lack the mental capacity to make significant decisions for themselves are in their best interests

Staff were knowledgeable about the Deprivation of Liberty Safeguards (DoLS) and how these applied to the people in their care. DoLS aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. We saw that, where applications for DoLS had been made.

People spoke positively about the meals they were served at the home. Examples of comments people made included “the food is lovely”, and “the food is always good”.

People were assisted to have a healthy diet by staff who were competent to support them effectively. The staff said they had been on training courses to increase their understanding of supporting people who may be at risk of malnutrition. Staff sat with people who needed extra support with their meals and assisted them in an attentive way.

People were offered drinks and snacks throughout the day. Staff prompted people to drink because of the warmer weather. There were jugs of cold drinks available throughout the lounge area. Breakfast was buffet style, and staff told us people were encouraged to be as independent as possible and help themselves. Staff told us it was important to continue to offer people choices and this was best practise for people who have dementia type illnesses.

The menu was on display to let people know the choices available each day. The staff told us menus were reviewed by a dietician to make sure they were nutritionally balanced.

The care records included information that explained how to assist people with their nutritional needs and provide them with effective support. For example, one person needed to eat a high protein diet for their particular health needs. The person was assisted with their nutritional needs in the way that was explained in their care plan at lunchtime. An assessment had been undertaken to identify people at risk of malnutrition or obesity. The staff training records showed that staff had been on a training course to help them to support people effectively with nutritional needs.

Visits from other health professionals such as the GP and other health and social care professionals were recorded in people’s care plans. Care plans had also been updated to reflect changes required based on health care professionals’ advice. We saw in one person’s plan that their health had deteriorated and that staff had responded to this promptly by calling the GP for advice and then calling an ambulance. The care records also showed that a GP carried out regular health checks with people to review their physical health care needs. Dieticians, a physiotherapist and a chiropodist also provided assistance and guidance when required.

Good

Is the service caring?

Our findings

People had positive views about the way they were cared for at the home. One person told us “They look after us well” . Another person said “They are all kind”. The staff we spoke with said they felt people were well cared for at the home. People told us that the staff were all polite and no one was ever unpleasant or abusive.

People were treated in a caring and kind way by the staff. The staff were friendly when they provided support to people. There were many positive and good-humoured exchanges between people at the home and staff. Staff joked with people in a gentle way and they responded warmly to this approach.

Staff assisted people with their care needs in a discrete way. If people needed help with personal care staff spoke to individuals in a very quiet way. People were also spoken to in a tone that was polite and respectful. Staff helped people in a way that tried not to draw attention to them, for example if someone needed prompting with intimate personal care. Staff called people by their preferred title when they talked with them. This showed staff were respectful in their approach.

The staff had a good understanding of the needs of the people they supported and what was important to them in their lives. They were able to describe how different individuals liked to dress and we saw that people had their wishes respected. Staff also understood how to communicate with people. Staff used positive body language, spoke in a clear and easy to understand tone of voice and used gentle humour to communicate to certain people. People looked animated and responded to the staff. The staff told us they assumed that people had the ability to make their own decisions and we heard them offer people choices in a way they could understand.

The home had a courtyard and seated garden area where people could walk and sit in privacy. There was a dedicated activities area and quiet rooms. People were sat in the different shared areas. This showed that people were able to have privacy when they wanted it. Each person had their own single bedroom which also helped to ensure privacy.

Rooms had been personalised with people's own possessions, photographs and mementos. This helped to make them more homely for people.

Families we spoke with told us that they were able to visit their relatives whenever they wanted. They said there were no restrictions on the times they could visit the home.

Care plans included a “daily programme” which noted people’s preferred time to get up and go to bed, and the care they might need throughout the day. This included guidance for staff about whether a person preferred to rest in the afternoon, or they enjoyed taking part in communal activities.

The home used local advocacy services to support people where they were not easily express their wishes known and did not have family or friends to support them. This was to help people to make decisions about their care if they required this. Advocates are people independent of the service who support people to make their views known.

Requires improvement

Is the service responsive?

Our findings

Care plans did not always provide staff with enough information to know how to meet people's full range of needs. For example, one plan explained the person was sometimes agitated and could be aggressive towards others. There was no guidance for staff on how to deal with this. The staff were not aware of what was written in the person's care plan. This meant staff did not have the latest information and guidance on how to keep the person safe from harm.

Care plans had been reviewed regularly however the information within the plans was sometimes conflicting. For example, in one plan it was documented the person required two support staff to assist with moving. Later in the plan, it stated only one member of staff was required. Both sections of the plan had been reviewed in May 2015 and it was unclear which guidance staff should follow.

Staff told us care plans were not easy to follow or user friendly. Staff had combined some people's needs into one plan. For example, we saw one section of a care plan contained information about the person's breathing as well as pain, although the two were not linked. Inhaler (a medicine to help a person's breathing) review information was recorded in the personal care section. This meant that it would be difficult for staff that were unfamiliar with people's needs to gain accurate and relevant information when providing care.

All of the plans contained 'care passports' but none of these were complete. Care passports are a system used to support people who cannot easily speak for themselves. They are a way of pulling complex information together and presenting it in an easy-to-follow format so that staff are informed of people's needs. Although plans contained life histories of people, these were not consistent. Some contained lots of detail about people but others contained only very limited information, all of which is helpful when people are living with dementia and less able to recall significant events.

Staff talked about person centred care and said they were not task led. They told us that senior care staff wrote and reviewed the care plans, but that support workers were involved too. One said, "We do get asked for input with the care plans, because we provide the care, but the key workers have all changed so none of the plans are up to date".

People's care plans had been written with their involvement . People had signed to say they agreed with what was written in them and had helped to write them

On the day of our inspection, a person arrived to move into Combe Lea. Staff were not aware of their arrival and had received no information about the transfer of care. Although staff dealt with this in a professional manner, it was clear there had been poor communication between services about this person's needs.

This is a breach of Regulation 09 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was a lack of appropriate social and therapeutic activities for people to participate in. People told us there were not enough social and therapeutic activities at the home. Examples of comments made included, "there's a singsong downstairs or a ball game, but there's nothing regular. I do get bored." and "We used to have lots of activities which I joined in, but we don't to my knowledge have any now, apart from bingo on a Saturday night." People told us that when activities were put on these were enjoyable. Photos of social events were displayed in the home. The registered manager and a senior manager told us they had recognised this shortfall in social and therapeutic activities for people. They told us they were recruiting an additional staff member to provide activities.

The staff also told us that they sang with people, and danced and that Trinity singers visited to perform for people. One member of staff said, "We had a karaoke night a while ago, and everyone was singing along and laughing, it was brilliant". People also had access to "Alive" sessions, which is a charity championing activities, reminiscence and life story work for older people. Records showed that social opportunities were limited. For example, one person's activity log showed that in one month, they had attended two bingo sessions and had their nails done. This person's care plan stated that they enjoyed attending social events and it was beneficial for them to take part in a variety of

Requires improvement

Is the service responsive?

social activities. The minutes of the last residents' meeting recorded that people had asked for more activities. The registered manager said this was why an additional activities organiser was being recruited.

We saw some people took part in a reminiscence group that was run by staff. This was run to stimulate memories. Staff were also observed engaging people in social conversations.

The staff gave us some examples of how they ensured people received the right assistance. For example, they said knew people's preferences, and when they liked to get up and what sort of help they needed with their personal care. This was confirmed when we observed staff assist people with their needs in the ways they had explained to us.

People told us they felt able to make a complaint or raise a concern about the service. Everyone we spoke with told us they could go any of the staff or the registered manager. A copy of the complaints procedure was clearly displayed in a format that was intended to be easy to understand. This helped people to easily to make their concerns known. There had been two complaints made since we last visited. The investigations into the complaints had been completed. There was a detailed written response given about what had occurred and how the matters were resolved.

People were asked for their views of the service on a regular basis. People, their families and healthcare professionals were asked in the survey for their views of the home. The registered manager and a senior manager reviewed the answers that people gave. Examples of the topics people were asked for feedback about included their views of staff, did they feel involved in planning their care, what activities they were interested in and the menus. When people had raised matters, actions were identified to address them satisfactorily. Recent changes to the menus had been put in place after the last survey.

Requires improvement

Is the service well-led?

Our findings

We saw that people looked relaxed to approach the registered manager and senior manager. The registered manager responded attentively to people and there was warm and friendly communications between them. People's visitors went to the office to speak to staff and were welcomed in. People told us they knew who the registered manager was and they felt they could approach them at any time.

There were systems in place to check and monitor the quality and safety of the service people received. The systems had identified the issues that we found at this inspection. Areas that were audited included care planning, management of medicines, health and safety, staff training and staff supervisions. Where action was needed and there were shortfalls in the service, these had been identified. The registered manager and the senior manager had put in place an action plan to address them. Shortfalls in medicines management and care planning process had been identified following a recent quality audit.

The registered manager and senior manager told us they had reviewed the system of staff supervision to make sure it was effective. They also said they were aiming to recruit extra staff to provide increased social and therapeutic activities because of their own quality audits.

There was evidence in the care records that the registered manager spent time with people and their relatives on a regular basis. They used these meetings as an opportunity to find out what people felt about the services they received.

People were asked to share their experiences of the service. A notice was prominently displayed in shared areas with feedback forms for people to complete. This information was analysed and action taken by the provider. For example, feedback about menus and social event was being acted upon.

The registered manager and senior manager showed us the consultation information they had shared and discussed with people and their families about the new staffing restructure. They also told us the long-term aim of the re-structure was to make care more person centred and flexible for people at the home. This was also explained in the consultation document people had been informed about. The registered manager said they were meeting with people and their families on a regular basis to listen to their views. They said they also made sure people understood what the aims and purpose of the staffing restructure was

The staff knew what the visions and values were for the organisation they worked for. They told us these included providing a high quality of care to people based on a person centred approach. This means treating people as individuals and ensuring their views and wishes come first. The organisation's visions and values were displayed in shared areas of the home to help people to be aware of the aims of the service.

The registered manager said they kept up to date in best practice in the care of older people and dementia care by regularly attending meetings with other providers. They also said they went on a range of training to keep them up to date in the care of people with dementia and the care of older people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who use services were not always receiving care and treatment that meet their needs, and reflected their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The provider's system for medicines management was not safe. It failed to ensure accurate medicine records were kept.

This section is primarily information for the provider

Enforcement actions

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