Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Combe Lea Community Resource Centre

Combe Lea Residential Care Home, Greenacres, Midsomer Norton, Radstock, Bath, BA3 2RD

Tel: 01225396616

Date of Inspection: 15 January 2014

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sirona Care & Health CIC
Overview of the service	Combe Lea Community Resource Centre accommodates 30 people over two floors. Fifteen people whose primary care need relates to dementia are based on the first floor (Gardners Row) and 15 people whose care needs are around personal care are based on the second floor (Willow View).
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 15 January 2014, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

There were 25 people who use the service on the day of our visit; we spoke with two people who use the service on Willow View and three relatives on Gardner's Row, where the people who use the service have a dementia. We spoke with three members of staff. People we spoke with said "they're wonderful staff" and "they provide what I want". People said that staff knew their needs "very well" and "we're really looked after". Staff we spoke with said "key workers sit with residents and go through care plans to explain anything".

We saw four support plans and there was evidence that people's right to consent was recognised. People we spoke with said "I try to be as independent as possible, staff help with what I can't do", "if I want something done I ask and it gets done" and "I can change my mind".

One person told us "my key worker does anything I want her to". Another person said "we're really looked after". People said they felt staff treated them respectfully; everyone said they felt safe in the home and one person said "I've been very happy here".

People we spoke with said that their opinions were listened to and that "there's a form comes round every so often".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We saw evidence that arrangements were in place to obtain consent of people who use the service. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw four support plans and there was evidence that people's right to consent was recognised. People we spoke with said "I try to be as independent as possible, staff help with what I can't do", "if I want something done I ask and it gets done" and "I can change my mind".

Arrangements in place to obtain the consent of people who use the service included asking whether people would like anyone else involved in the process. People had access to an IMCA if they wished; this is an independent mental capacity advocate and is a service provided to vulnerable people facing important decisions.

The manager was aware of the need for capacity assessments and best interest meetings should these become necessary. We saw four support plans that contained mental capacity assessments which identified areas where people had capacity to make their own decisions and areas where people were unable to give consent. Mental capacity assessments were reviewed every six months. There was evidence that one person with a health condition refused to take medication and that this decision was respected. The manager was in the process of convening best interest meetings when the person's medication was changed. This meant that the manager was aware of the principles of the Mental Capacity Act 2005. This is legislation that protects the rights of people who may not be able to make decisions independently.

Staff we spoke with confirmed that training they had received covered the Mental Capacity Act; we saw the staff training matrix which confirmed this. Staff we spoke with understood the principles of the Mental Capacity Act and were aware of the need for best interest meetings; staff explained "it's there to protect people" and "people should make their own decisions". We saw that when the wishes of the person conflicted with their care, welfare and safety needs the manager would risk assess the activity and respect their decision

where possible; this meant that people could take acceptable risks.

All staff we spoke with said that they had received confidentiality training and were aware of data protection requirements. We saw the handover files and diary for appointments; comments were appropriately recorded.

People we spoke with told us that "staff ask first" and they were given enough information and time to be able to make a decision. We saw that on-going reviews were a means of reviewing consent, although the manager explained that the decision of the people who use the service was respected regarding family involvement.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

There were 25 people who use the service on the day of our visit: 11 people on Willow View with three members of staff and 14 people on Gardner's Row with four members of staff. We spoke with two people who use the service on Willow View and three relatives on Gardner's Row, where the people who use the service have a dementia. We also saw four support plans in total, two on either floor. We spoke with three members of staff. People we spoke with said "they're wonderful staff" and "they provide what I want". People said that staff knew their needs "very well" and "we're really looked after". Staff we spoke with said "key workers sit with residents and go through care plans to explain anything".

We saw that people's needs were assessed before a service was offered; additional information such as local authority care plans also informed the support plans. We saw that other professionals had been involved in a timely way when required, to ensure the health and well-being of people. The manager explained that there were good relationships between the home and social services and other healthcare professional staff, such as occupational therapists, social workers and district nurses. Staff we spoke with told us they used support plans to inform their practice. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that support plans were reviewed monthly or when there were any changes and the support plans were updated immediately; other professional staff such as care co-ordinators and next of kin were involved in the reviews. The manager explained that family members were involved in reviews if people who use the service wanted this and that their decision was respected. People were able to visit the manager to discuss the care provided if they wished.

People we spoke with said they had a support plan; one person told us they had been asked to sign in and were happy with what it contained. Staff told us that they knew people and their specific needs "very well" and that there was consistency of staffing with a low staff turnover. This meant that people were supported by carers who knew their needs and were able to provide appropriate support.

We saw four support plans; they contained detailed descriptions of how people were supported and included information about communication, dietary requirements and personal hygiene. Staff told us that the support plans provided the information they needed to be able to provide appropriate care. The manager told us that staff took as long as they needed when delivering care.

The support plans contained risk assessments for falls, mobility, medication and other care needs. The risk assessments included control measures to guide staff in reducing or removing risks. The senior staff were responsible for undertaking risk assessments and the support plans were updated following any changes. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We observed a handover process whereby information about people's well-being and needs was exchanged. Staff told us that handovers were a means of passing on information about any changes or anything that was happening and staff would refer to the support plans for everyday care information.

There was evidence that processes were in place to detect declines in health; people were observed on a daily basis and records included weight monitoring, MUST (malnutrition universal screening tool) scores and Waterlow scores; this gives an estimated risk for the development of a pressure sore.

The manager explained that training, observation and monitoring of staff, together with bi-monthly meetings for care quality commission updates all ensured that the care given to people reflected the latest guidance.

People that we spoke with said that they knew the names of their carers; staff told us that people were asked if they were happy for named staff to be their key worker before they were allocated. One person told us "my key worker does anything I want her to". Another person said "we're really looked after". People said they felt staff treated them respectfully; everyone said they felt safe in the home and one person said "I've been very happy here".

Staff we spoke with knew what to do in the event of an emergency and we saw a 'serious incident flowchart' on display; this identified the processes to be followed and listed contacts. The checklist also provided a prompt whether it was necessary to make a safeguarding alert, submit a notification to the care quality commissions or involve an IMCA, an independent mental capacity advocate. This meant that staff were aware of the procedures to be followed in the event of emergencies. One person we spoke with said "if you're ill staff will stay up with you".

We observed lunch and saw that people were offered a choice; one person was offered two plates of food and given time to choose which one they wanted. A vegetarian option was available. Another person didn't want to sit in the dining room or have lunch; they were able to sit in the sitting room and staff provided sandwiches. We saw that people were encouraged to eat, and where people required assistance to eat, this was done appropriately. Comments from people included "there's a very good cook here", "very tasty" and "lovely, I enjoyed that".

We saw a game of skittles being played in the sitting room. Music was playing in the background and people were enjoying themselves.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at four support plans and saw that support plans identified what people who used the service could do independently. One person who uses the service was able to take responsibility for self-medication. We saw evidence that risk assessments for medication had been completed together with mental capacity assessments for each person.

Medicines were ordered on a monthly basis and checked against the order form as soon as possible after delivery; any errors discussed with the supplier as soon as possible. One designated person on each floor was responsible for ordering medicines. This meant that appropriate arrangements were in place in relation to obtaining medicine.

Controlled drugs were appropriately stored on the premises. Bottles of liquids had dates of opening recorded. Each person who uses the service had a locked cupboard in their own room, although at present these were not widely used and medication trolleys used instead. A fridge was available for medication that required cooler temperatures. This meant that medicines were kept safely.

Staff spoken with said they were observed administering medication once a year. There was evidence that where agency staff were used, they could only act as the second person or witness during medication administration. This meant that medicines were safely administered.

We saw the MAR sheets for each person who uses the service and evidence of separate records for PRN medications. This means pro re nata and means medicines that are taken as needed. Staff administered these medicines following the same guidelines as for prescription only medicines.

Unused or wasted medicines to be disposed of were returned to the pharmacy for destruction. This meant that medicines were disposed of appropriately.

The homes standard operating procedures for medication was seen to be dated February 2004; the manager explained that it had just been re-written. Staff were using the procedure provided by the pharmacy which supplied medications.

People that we spoke with said that they had their medications at the right times and they were administered in a way which preserved their privacy and dignity. One person said they knew about the risks and benefits of taking their medication. Staff told us that a G.P. conducted a surgery at the home once a week and medication was reviewed as part of this visit.

There was evidence that staff were provided with information about any changes in medication following updates provided during handovers. The home had current medications guidance available via information provided by the pharmacy on a monthly basis. This meant that staff had guidance available for monitoring people for any side effects of taking medication.

There had been one medication error which was reported to safeguarding, although the manager said that the safeguarding team did not consider the error to be a safeguarding issue. Investigations into how the error occurred were still ongoing at the time of our inspection; these were being conducted by the medication manager from Sirona.

We saw that the pharmacy that provided the medications conducted annual audits and provided medication training for staff.

No-one was being given medication covertly; the manager said that they would consult a G.P. and follow the policy in place if this was a necessary option to consider.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People, who use the service, whilst not involved in the recruitment of staff, appeared to have a good rapport with staff who understood their care and support needs. We observed positive interactions between people who use the service and staff and saw that staff were friendly and supportive; people responded well to staff and appeared to enjoy their company. People told us "they're quick to help; they're wonderful" and "they're friendly and caring".

We spoke with three members of staff who all confirmed that the interview process consisted of an interview, CRB check and two references being taken up prior to commencing work. Staff also confirmed they completed an induction and had regular training updates. Staff told us "we've done so much training" and we have "constant training".

We looked at the recruitment records for six staff members. These showed that appropriate checks had been completed to ensure they were suitable to work with vulnerable people. Their personnel file contained copies of their application form and confirmation that a satisfactory Enhanced Criminal Record Bureau Disclosure (CRB) had been obtained. Most of the files did not have evidence of two references being obtained, however the manager assured us that these were stored at head office and that the recruitment team phoned the home to inform them when satisfactory references had been received. We saw that after three years, the CRB checks were renewed; this meant that future checks will be completed by the DBS (disclosure and barring scheme) as this has now replaced CRB checks. The manager explained that if a disclosure were made further information may be required and the decision whether to employ the person would be taken on an individual basis by the HR department. This meant that there were effective recruitment and selection processes in place.

New staff completed three months' probation and completed two days induction which introduced the mandatory training. New staff were accompanied for the first two weeks and were able to shadow experienced staff for as long as necessary. Most staff we spoke with said that staff were recruited appropriately; everyone felt that staff had the correct skills for looking after the people who use the service.

To ensure that staff were working to a satisfactory level, the manager communicated with

the senior staff that were able to provide feedback from on-going monitoring.

We saw that a disciplinary and grievance procedure was in place to be able to take appropriate steps in relation to a person who may no longer be fit for work; this would include reporting to a professional body if necessary.

We saw individual training records and the training matrix, which showed that training had been provided in Mental Capacity Act and Deprivation of Liberty. Staff said that they were able to ask for additional training if they felt it would benefit them, one member of staff said "there's lots of non-mandatory training offered". We saw notice boards which listed the training courses and staff who were expected to attend them.

We saw that agency staff were rarely used and that when required, additional staff were provided from Sirona bank staff in the first instance. Agency staff and bank staff were required to complete the same induction as full time staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw that there was a comprehensive quality assurance system in place which linked to the essential standards of quality and safety.

We saw that the views of people who use the service, visitors and health care professional staff were obtained bi-annually via questionnaires, although it appeared that the results were not fed back. However, the manager assured us that if the surveys highlighted any issues, these were dealt with immediately. People we spoke with said that their opinions were listened to and that "there's a form comes round every so often". As well as the annual questionnaires, we saw 'outcome care review' sheets which were completed at the same time as the support plan reviews, usually every three months. This meant that people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Staff we spoke with said that they were able to make suggestions and that changes would be made if appropriate. Staff said that they felt much supported by the manager. Although it was not used, we saw that a suggestion box was available for anyone to use.

We saw that support plans were regularly audited. Support plans we saw during our inspection had all been up dated to reflect changes in need and preferences. Senior staff audited five support plans each month during key workers supervisions, and the manager audited support plans as part of senior staff performance development reviews. If any actions were identified, these were followed up. This meant that decisions about care and treatment were made by the appropriate staff at the appropriate level.

A variety of audits were seen to be carried out, including fire, H&S, equipment and maintenance files, which showed that necessary weekly, monthly and annual checks were conducted to ensure that the home was compliant with all regulations. We saw the Safer Food Better Business file which was up to date. The home had been awarded five stars for food hygiene. The kitchen had use of a separate lift for transporting food and kitchen staff had separate bathroom facilities.

The manager informed us that they had changed the methodology for conducting audits. Instead of senior staff conducting their own audits, staff from other homes were brought in. On the day of our inspection someone was conducting a health and safety visit. This meant that the new auditing system was more open and although the results may not have been any different, the system was more robust. The manager had key performance indicators to achieve; these included monitoring the number of audits conducted.

All accidents and incidents that occurred were recorded via an electronic management system and were analysed to identify any patterns or trends. The manager was aware of every adverse incident logged and the information also went to other managers. Adverse incidents were followed up and risk assessments completed if necessary.

We saw that people who use the service had been made aware of the complaints procedures, one person told us "I would go to the office and staff would listen" and another said "I can't imagine I will ever want to, they're absolutely lovely". People we spoke with said that they had never made a complaint; one person said "I haven't got any complaints" and another said "can't fault it, it's very good". Staff said that they were aware of the policy and procedures regarding complaints should they ever receive one.

We saw that staff had blown the whistle on one member of staff following a disclosure from a person who uses the service. The member of staff had been suspended pending investigation and the incident reported to the safeguarding team, a notification was also made to the care quality commission. This meant that staff were aware of their responsibilities for whistle blowing and the manager responded appropriately.

We saw that regular meetings were held and these included housekeeping, staff, relatives, senior support and kitchen meetings. Residents meetings were also held bi-monthly.

The manager produced a monthly newsletter which gave information about future events.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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