

WR Operations 1 Limited

# Coombe Hill Manor

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Coombe Hill Manor is a care home providing nursing, personal care and support for up to 104 older people. The service has a specialist dementia care unit known as 'Augusta' which can accommodate and care for up to 24 people. At the time of our inspection 79 people were living at the home.

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

We continued to find areas of outstanding practice in the care provided by Coombe Hill Manor. As at our previous inspections, the registered manager and staff team demonstrated an exceptional commitment in enabling people to receive high-quality care that met and exceeded their needs.

People using the service and their relatives were very positive about the care and support provided at Coombe Hill Manor. Typical comments included, "The staff are sympathetic – caring. They are never brusque", "I can't think what they could do better", "I think it is very good" and, "I wouldn't want to move out of here."

The registered manager and her staff team remained committed to providing high quality compassionate care. There was also a strong emphasis on ensuring compassion, dignity and respect at the end of a person's life. The Augusta floor supporting people living with dementia continued to demonstrate best practice in this specialist area.

The service continued to be exceptionally responsive to people's changing needs. People had access to a wide range of activities and events along with excellent facilities.

Care and nursing staff and the registered manager continued to ensure people's changing needs were met and strove to ensure people received exceptional person-centred care. People and their relatives said their concerns and views were listened to and acted upon. Records confirmed this.

Individual care and support needs were fully assessed, documented and reviewed at regular intervals. The electronic system for care planning provided an effective tool for staff to do this.

People were kept safe. Despite difficulties in recruitment locally, we found there were enough staff deployed to help ensure people's needs were being met. Staff received training around safeguarding vulnerable people and knew what action to take if they had or received a concern.

People received their medicines as prescribed. Any risks associated with people's care were managed well and people were supported to maintain their independence wherever possible. Systems and records were up to date and continually monitored.

People and their relatives told us that they received an effective service. People received the support they required to meet their health and nutritional needs. Feedback about the food provided was mixed however

we saw the service continued to actively engage with people using the service to try to increase satisfaction levels.

Staff were safely recruited and received a full induction to the home followed by a comprehensive programme of training. Staff we spoke with were positive about the service provided and said they felt able to recommend the home to others.

We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager and her staff team remained committed to providing high quality compassionate care. There was also a strong emphasis on ensuring compassion, dignity and respect at the end of a person's life. The Augusta floor supporting people living with dementia continued to demonstrate best practice in this specialist area.

Good leadership, management and governance of the service continued to support the delivery of high-quality and person-centred care. Effective systems were in place to monitor and continually improve the quality of service people received at Coombe Hill Manor.

The registered manager kept up to date with good practice and continued to be committed to ensuring the highest standards at Coombe Hill Manor. There was praise from people and relatives as to how the service navigated the COVID-19 pandemic since 2020 and the associated staffing pressures. A relative complimented the home saying, "It is in no small measure thanks to your professionalism and kindness that my [relative] has survived and that I can visit them now that it is possible to travel again."

Rating at last inspection and update

The last rating for the service under the previous provider, Signature of Coombe (Operations) Ltd was outstanding, published on 9 February 2019.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Coombe Hill Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a specialist nursing inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Coombe Hill Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The service is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

We spoke with 23 people who lived at the care home and three visitors. We also spoke with the managers and staff who worked there including, the registered manager, a regional operations clinical manager, a unit manager, three nurses, 13 care staff (11 permanent and two agency), two activities coordinators, two business administrators and two housekeepers/cleaners.

Records looked at as part of this inspection included 12 staff files in relation to their recruitment, training and supervision. In addition, we saw electronic staff training records, the supervision and appraisal matrix, and weekly activities schedules.

Throughout our inspection we observed how staff interacted with people living in the care home and undertook their roles and responsibilities. Following the inspection, we received further documentation from the registered manager and written feedback from two relatives and two healthcare professionals.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. At our last inspection under the previous provider we rated this key question Good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded by staff who received training in how to recognise and report concerns of potential abuse or poor practice.
- People told us they felt safe. One person told us, "I do feel safe. Mainly because all of the nurses here are so good." Another person commented, "I find it reassuring being here, surrounded by people who care."
- The provider took action to keep people safe. They worked with the local safeguarding authority to investigate any concerns. Staff knew how to whistle blow and said they felt able to report any concerns should they have any. Whistleblowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular health and safety checks were undertaken by dedicated staff responsible for the maintenance and safety of the premises. Equipment in use such as wheelchairs and hoists were regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Electronic risk assessments were undertaken and reviewed regularly to ensure they provided current guidance for staff on how to keep people safe. Each person's care plan had a number of risk assessments completed which were specific to their needs, addressing important areas such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.
- Care plans were in place to help prevent or minimise the risk of harm to people using the service. For example, where a risk around skin integrity was identified, we saw detailed care plans addressed the support and monitoring required to support the person's health. This included the use of pressure relieving mattresses and other equipment along with the required daily care and specified interventions.

Using medicines safely

- People received their medicines as prescribed. One person said, "The nurse gives me my medication and that is all done on time." Another person commented, "The medication is all done on time – that side of things runs smoothly."
- Medicines were administered by trained staff with the use of Electronic Medicine Administration Records (EMAR). This system enabled close monitoring and auditing of people's medicines and helped ensure issues were identified quickly and any lessons learnt.
- We observed people being given their medicines. This was carried out in a safe manner with people asked

if they would like to take their medicines and if they required pain killers. The nurse returned to people who wanted it later because they were eating. Medicines were kept in each person's room in a locked cabinet.

### Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- Staff told us the service had experienced staffing level pressures during the height of the COVID-19 pandemic. Most staff felt the provider had taken appropriate action to mitigate this staffing issue following an ongoing staff recruitment drive. One member of staff said, "We've had a bit of a 'staffing crisis' here in recent years, but I know we've recruited lots of new staff recently, so we don't have to use so many agency staff as we did." A second member of staff remarked, "It's great the company has employed lots of new staff, so we don't have to rely on agency staff so much, which is great. The agency staff are fine, but they just don't know the people who live here as well as we do." Nursing staff spoken with felt there were adequate number of nurses on duty, one on each floor. At night there was one nurse on duty but this was being increased to two.
- It was evident from comments we received from senior managers and from staff rosters we looked at that the service had very few care staff vacancies, which meant they were no longer so reliant on temporary agency staff. The registered manager told us the service still routinely used agency staff, but these numbers had been significantly reduced in the last six months following a successful and ongoing staff recruitment drive. They added, where possible, they used the same agency staff who were familiar with the needs and daily routines of the people living at the care home. The registered manager also confirmed they continued to over recruit and employ 15 percent more staff than they needed.
- Staff were visibly present throughout this inspection providing people with the care and support they needed. We observed staff respond quickly to people's requests for assistance or to answer their questions. Feedback from most people we spoke to was positive around the availability of staff. One person told us, "There always seem to be plenty of staff around and in my experience they [staff] do come as quickly as they can when you call them." Another person said, "They come when I need them. They never make me feel like a nuisance." Some people reflected that staffing levels had improved recently with an intake of newly recruited staff.
- Staffing levels were routinely monitored and analysed by managers to ensure there were always enough competent staff working in the care home to meet people's needs and to keep them safe. For example, the registered manager told us they met weekly with other heads of department to continuously review staffing levels, which included looking at call bell alarm usage, people's changing needs and staff absences.
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. These checks included proof of prospective new staffs' identify, previous employment, their character, and right to work in the UK. People's employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider was facilitating visits for people living in the service in accordance with the current guidance.

#### Learning lessons when things go wrong

- The service took appropriate action following any accidents or incidents to help ensure people's safety and this was fully documented. For example, the immediate action taken and outcome.
- An electronic system was used to ensure all logged events were analysed to look for any trends or patterns. Regular management meetings were held where learning was shared, and this was cascaded to staff via clinical meetings, handovers and written updates.

# Is the service effective?

## Our findings

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

This is the first inspection of this newly registered service. At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into Coombe Hill Manor. This enabled staff to identify and assess any risks to people thus ensuring the service was able to support people in a safe manner.
- Electronic care plans included comprehensive assessments of people's needs which were updated regularly. The system flagged when reviews were due or missed enabling staff to update as required.
- People and their relatives were involved in the initial assessment and on-going review process. A 'Resident of the Day' system helped to make sure people were at the centre of this process. The majority of people we spoke with were happy with the support provided. One person commented, "I'd give it a gold star." Another person said, "They know me. They know what they are doing. An excellent establishment."
- The registered manager was effectively supported by regional and national staff who kept them up to date with changes in legislation and good practice guidance.

Staff support: induction, training, skills and experience

- People received effective care from staff who had the right mix of skills, knowledge, and support to deliver it. One person told us, "The staff here are good. They do their very best." Another person said, "The staff are very good – friendly, kind. I seriously doubt that there is anywhere better for the care. It is superb." A third person commented, "All of my personal care is done well."
- Staff received all the training they required. This included a comprehensive induction programme, which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme. One relatively new member of staff told us, "The induction I received when I started here was first class. I had to complete it and shadow other staff before I could pass my probation and start working on my own."
- Staff told us their training was a mixture of e-learning and face-to-face practical lessons. Records showed staff received regular training that was refreshed periodically which helped to ensure they remained competent in carrying out their roles. The provider's electronic training matrix identified when staff's mandatory training required updating. This showed us staff had received up to date training in dementia awareness, safe management of medicines, safeguarding, positive support to manage behaviours considered challenging, infection control, moving and handling, food hygiene, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, fire safety, fluids and nutrition, equality and diversity, end of life care and basic life support.
- Furthermore, nursing staff completed additional training in the use of specialist medical equipment and health care practices to meet people's specific nursing and health care needs. This included regular training

in pressure sore prevention and management, catheter care, diabetes and epilepsy management and the safe use of syringe drivers. A syringe driver is a device used to administer a continuous infusion of drugs.

- Staff demonstrated good awareness of their working roles and responsibilities. One member of staff told us, "The training is very good here and there's lots of it", while a second member of staff said, "I remember I wasn't allowed to start working on shifts until I had completed my safeguarding, infection control, and moving and handling training. This included a practical demonstration on how to use a mobile hoist safely. We regularly have to refresh our training and make sure it's all up to date." Nurses told us they had clinical updates and were supported with their professional development and revalidation.
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular individual and group supervision meetings with their fellow co-workers and line managers, and an annual appraisal of their overall work performance. Staff told us they received all the support they needed. One member staff told us, "I do feel supported by the managers and think Coombe Hill Manor is a good place to work." A second member of staff added, "We do have regular supervisions with our line manager who also appraises our work every year. There's also lots of team meetings."

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

- We received mixed feedback about the quality of the meals offered at the care home. One person said, "I do like the food the staff prepare us", while a second person remarked, "I think the food could be better to be honest". Other comments included, "It is very hit and miss. One day brilliant, the next not so good", "The food is excellent" and, "The food used to be very good – it is not so good anymore."
- We observed the mealtime in the Bistro dining area where some people had chosen to eat, their lunch remained relaxed and unhurried throughout this mealtime.
- The observed mealtime on the Augusta dementia floor was also relaxed and unhurried with people given appropriate assistance to choose and eat their meals in a dignified manner by care staff. Staff achieved this by sitting next to people so they could be in the person's line of sight. We observed staff frequently ask people if they were enjoying their meal.
- A hydration (drinks) trolley had recently been introduced with 'Hydration Matters' training provided for staff. Nutrition training for staff was taking place on our first day of inspection. The International Dysphagia Diet Standardisation (IDDSI) framework was used to define and record levels of food texture and drink thicknesses for individuals with dysphagia. Dysphagia is a medical term for people who have swallowing problems.
- An 'at a glance' spreadsheet was used to record people's dietary requirements and preferences. For example, for people from an Islamic, Jewish or other diverse background, the kitchen was notified of any special dietary requirements.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff. People told us staff were polite and respectful and obtained their consent before providing personal care.
- The registered manager understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS).
- Care plans clearly addressed decisions people could make for themselves and where they needed support. Staff understood the need to work in people's best interests where they did not have capacity.

# Is the service caring?

## Our findings

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

This is the first inspection of this newly registered service. At our last inspection under the previous provider we rated this key question outstanding. The rating for this key question has changed to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There continued to be a strong, visible person-centred culture at Coombe Hill Manor and people were supported with kindness and compassion. As at our 2018 inspection, people using the service spoke extremely positively about the support they received at the service and consistently said staff were friendly, kind and caring. They said they were fully respected and valued as individuals. One person said, "The staff are really lovely." Another person told us, "The staff do their work cheerfully. Much better than any care home I visited previously." A third person said, "The care is exemplary." A relative told us, "We find the professional standards and performance to be of an exceptional level in all areas and in all possible ways."
- People looked at ease and comfortable in the presence of staff. Staff interaction with people was characterised by warmth and kindness. For example, we observed staff on numerous occasions sitting and chatting with people relaxing in various communal areas in a very respectful and positive manner. The café area near reception where people and relatives could help themselves to a biscuit, cake and fruit along with hot and cold drinks and alcohol continued to be well used. Throughout our visits the general feeling of the home was relaxed with a positive relationship evident between the residents and staff. Names were heard being used by both the staff and residents with people seeming to know one another. A person commented, "We laugh together a lot. The nurses here do a very good job."
- People's equality and diversity were respected. Staff adapted their approach to meet people's individualised needs and preferences. A recent written comment from a relative stated, "I feel that [person] is monitored in a sensitive way, and their changing needs are accommodated accordingly. I would be happy to recommend Coombe Hill as a place of excellent care."
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service, for example, through the busy activities programme. A comment seen from a relative reflected the skill of one staff member in encouraging their family member to engage in activities with others and the positive effect of this on the person's wellbeing.
- Staff were confident about the quality of care being provided and felt able to recommend the home to others. The December 2021 employee survey reflected scores of over 80% in terms of job satisfaction and support from the management team.

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

- Staff provided people with choice in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices, for example, about what they would like to do and what

they wanted to eat. Visual prompts and pictures were used to aid people in making choices, for example, plated meals.

- Where possible, people were supported to make their own decisions. People told us they were free to do what they wanted throughout the day. Staff ensured people remained in control and received support that centred on them as an individual. As at our 2018 inspection visit, people's care records addressed how their diagnosis of dementia could limit their ability to be involved in decisions and how staff could support people to be involved. Our observations on Augusta floor again showed how staff's individual knowledge of people supported their decision-making, for example, about what they liked to eat and what activities they may like to participate in.
- The service continued to be exceptional at helping people to express their views so that the service understood their views, preferences, wishes and choices. The main residents' forum along with the other forums, for example, around food continued to enable people to work with staff and managers to influence quality in different areas. Regular surveys were used to get the views of people, relatives, staff and external professionals and these were acted upon. The service scored as excellent in all areas of the most recent December 2021 survey with staff particularly appreciated as being gentle, helpful and respectful.
- People were also able to be involved in any planned re-decoration of the home. People had recently been involved in the refurbishment of Augusta with individuals giving feedback on the comfort and presentation of the chairs provided.
- People continued to be supported to stay in touch with family and friends through digital technology. The relatives' gateway for the electronic care planning system enabled authorised family members to see summaries of care records and this system could also be used to send emails and share photos. Recent comments from relatives included, "I would like to say that the team that has cared for [person] has been absolutely wonderful...they have been so patient in helping me connect with [person] by Facetime or Zoom" and, "what has been so important to us is the regular communication we get from the home together with photos and videos involving us in our mother's day-to-day life."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. Staff assisted people to remain active and carry out any personal care tasks for themselves, such as dressing and mobilising around the service. People had a designated lockable space for medicines in their rooms and were supported to manage their own medicines where they were assessed as willing and capable of doing so safely.
- People we spoke with said they were well cared for and were treated with respect and dignity, and had their independence promoted. One person said, "They think ahead of me all the time. The feeling here is that staff respect residents and management respect the staff and residents." Comments seen from relatives included, "Thank you once again for taking such amazing care of my [relative]", "The enthusiasm, dignity and respect that the staff show to the residents leaves me knowing that we made the right choice for [relative] and that they are well looked after. I genuinely feel like the staff enjoy their jobs and really like spending time with the residents" and, "The care staff are truly amazing; their dedication to caring for these very vulnerable folk is outstanding. They all tell me they love [my relative] and for me this is so important and heart-warming."
- People's privacy and dignity were protected. Staff knocked on doors before entering and we observed them talking with people in a respectful manner.
- The home had a longstanding tradition for staff forming an honour guard saying a respectful silent farewell to a resident when the undertakers attended. This important show of respect could also be attended by people using the service with staff on hand to support them.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. At our last inspection under the previous provider we rated this key question outstanding. The rating for this key question has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received a high standard of personalised care that was responsive to their needs. The care delivered and attention to detail around people's needs and wishes ensured that people received outstanding care that helped to enhance their wellbeing and their enjoyment of living at the service.
- People praised the provider's commitment to person centred care and the exceptional results this achieved. A visiting care professional said, "I won't go to other care homes generally, but I'll come to this one. It's very very good."
- Detailed individual care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs.
- People's beliefs, religion and diverse backgrounds were respected. People said staff supported them to take part in activities that reflected their spiritual and cultural needs and wishes. For example, Catholic and Protestant services were streamed live from a choice of churches from around the country every week and there were also weekly Bible reading classes in the cafe. In addition, the registered manager told us the care home had developed good links with various local faith groups, including those representing the Muslim, Jewish and Baha'i communities, to help them meet the diverse spiritual needs of everyone who lived at the care home.

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

- People were encouraged and supported by staff to participate in a wide range of social activities, both in the care home and out in the local community, which reflected their social interests and wishes.
- People told us they were able to participate in meaningful recreational activities they enjoyed. For example, one person said, "I'm going out later with staff to visit a garden centre, which I'm looking forward to." Another person commented, "There are a lot of things to do – quizzes, dancing. From what I have seen it is good and they try to cater for all tastes."
- We saw people had access to a range of facilities and dedicated spaces within the service where they could take part in organised activities or just relax by themselves or with others. This included various spacious communal lounge areas, two restaurants, a café, a library and Information technology room, a dedicated art and activities rooms, a cinema and well maintained gardens that contained various water features, patios with seating and raised beds.
- The service had a number of activity coordinators who helped plan and deliver appropriate activities and events that people had expressed a wish to participate in. The lead activities coordinator told us they had

received training in dementia awareness and completed the 'Namaste' activity programme. The programme is designed to improve the social life for people living with dementia. A Montessori programme for dementia and ageing was also in place, putting an emphasis on meaningful engagement and independence. The daily Montessori activities on the Augusta floor focussed on life skills, housework, and past life careers including daily household tasks, weekly baking and food preparation..

- The service's weekly activities schedule indicated people had a wide range of fulfilling social activities and events they could choose to take part in if they wished. This included, a daily current affairs discussion group, the regular screening of films in the cinema room, organised board, word and card games, an in-house shop where people could buy snacks and beauty products, escorted walks in the garden, a gardening club, gentle exercise classes, art and craft classes, a cocktail hour, sing-alongs and musical recitals, pampering sessions, knitting and drives out in the minibus.
- During our inspection we observed activity coordinators initiate several activities including Platinum Jubilee and a Chelsea flower show related arts and crafts sessions. In the afternoon several people took up the offer of going for a drive in the care home's minibus to visit a local garden centre.
- There continued to be a strong awareness of best practice, innovation and going the extra mile to meet the social needs of people living with dementia. For example, the service continued to use a 'magic table', which is an interactive electronic light system designed for people living with mid to late stage dementia. Since our last inspection the service had created a dementia friendly sensory room with a projector that can display old photographs and films. An activities coordinator told us they were in the process of consulting people living in the care home, and where appropriate their relatives, about music and songs that were meaningful to people, to create person-centred playlists for people living with dementia.
- The activities coordinator took steps to protect people who preferred or needed to stay in their bedrooms from social isolation. For example, an activity coordinator told us they regularly spent time with people who were bed bound giving hand massages and other one to one activities.
- People were supported to maintain positive relationships with people that were important to them. The care home was now open to visitors and staff continued to support people to use video and telephone calls to remain in contact with family and friends who were unable to visit the service in-person.
- The activities coordinator told us they planned to ensure people had the opportunity to have a day trip to the beach this year and to reintroduce visits by local children, entertainers and musicians, which used to happen regularly before the COVID-19 pandemic.
- Other regular offerings included Frankie's Pop-Up Restaurant with themed lunches based on residents' input. These were also used to introduce those who are new to the home to some of the longer standing residents in a small intimate function.
- Another activity we observed people enjoying was Lucinda's Museums Online, which offered interactive trips to museums across the world. People used an iPad or watched on the big screen in the cinema as they were transported to different cities across the world, providing sensory stimulation and enhancing people's memories.

#### End of life care and support

- People's wishes for their end of life, including their spiritual and cultural wishes, were discussed and recorded. This ensured staff were aware of people's wishes and that people would have dignity, comfort and respect at the end of their life.
- The service was accredited Beacon Status with the Gold Standards Framework (GSF). The Gold Standards Framework is a professional accreditation awarded to care homes in recognition of their high-quality end of life care practices. End of life training was available for all care staff and included in the induction for new staff.
- The home maintained close links with Princess Alice Hospice for support as required. A relative had made a written comment, "Many thanks for all you did for our [relative], more so in her final days, helping us make

decisions and making her comfortable till the end."

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. People received information on how to make a complaint when they moved into the service and information was also on display for people to access.
- People living at the service and their relatives told us that they were happy to raise concerns. A relative told us, "We would go to [registered manager]. We feel comfortable doing that and we feel we will be listened to."
- The registered manager recorded and monitored complaints and compliments. Complaints were investigated and responded to in line with the provider's policy. Compliments were shared with staff to celebrate areas of good practice.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. At our last inspection under the previous provider we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback from staff, relatives and people was positive about the way the service was run and its welcoming and friendly culture. A relative told us, "We are grateful and respectful of the way in which Coombe Hill Manor is managed and staffed." A person using the service commented, "I feel very fortunate to be living here. I'm very aware that most older people do not have this sort of support in their later years."
- The majority of people and staff were positive about the registered manager and the way the home was managed. A person said, "A well run and efficient caring place. I'd recommend it." Staff told us they felt well supported with one staff member describing the manager as, "Fantastic and always helpful." Staff said they felt valued and enjoyed working for the company. A compliment from a relative stated, "Your dedication to the residents and families at the home is remarkable and always so appreciated."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was very aware of the local staffing pressures and the risk this posed to people not receiving good quality care. They had developed a comprehensive and well-co-ordinated approach in order to recruit, develop and retain staff. These staffing initiatives included over recruitment, regular open days and weekly meetings with Human Resources (HR) to review vacancies.
- Audits were thorough, carried out by the provider, registered manager and staff, and regularly reviewed and kept up to date. Organisational quality systems were well embedded with oversight both regionally and nationally.

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

- The home held regular forums to keep people informed of developments, any changes to the service and to gain their views. The resident's forum, food forum, and activities forum enabled people to influence areas such as menu choices, activity provision and changes to processes in the home. Minutes of these meetings were displayed. A person using the service commented, "They [meetings] are important and I felt that I was listened to. They did try to sort things out."
- There were regular documented staff meetings across all areas of the service.
- The provider sent out regular surveys to people, relatives and staff. Responses from surveys were collated in an action plan aimed at improving quality.

- The registered manager recognised the harrowing effect of COVID 19 on some staff with additional emotional support being made available. Three dedicated mental health first aiders were available to staff along with flexibility over staff shifts. Additional treats and events were laid on for staff including massages, takeaway food, nights out and gifts to acknowledge their work.

#### Continuous learning and improving care

- The service had a quality assurance system which was used to identify positive practice as well as areas for improvement.
- Staff spoke positively about the care and support provided and the staff teamwork. They told us they were encouraged to complete training and learn new skills.
- People and their relatives provided regular feedback to identify if the care and support provided was focussed on their needs and wishes.
- The electronic care planning system and medicines administration system were used effectively to monitor and improve care.

#### Working in partnership with others; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff worked well with others to ensure people's needs were met.
- The registered manager understood their responsibilities of duty of candour and were open and honest with people when things went wrong. Notifications were sent to CQC as required by the regulations.
- The provider had robust quality assurance system in place regarding reporting, investigating and learning from incidents when things went wrong, any actions were fed into service and organisational governance meetings. This supported understanding and learning and helped ensure better outcomes for people.