

Alpha Care (Caterham) Limited

Coombe Dingle Nursing Home

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Coombe Dingle Nursing Home is a residential care home providing personal and nursing care to older people that have a disability or may be living with dementia. The service can support up to 35 people. At the time of the inspection there were 30 people living at the service. The care home accommodated all people in one adapted building.

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

People told us they felt safe living at Coombe Dingle Care Home. People were supported by caring staff that were well trained, experienced and were knowledgeable in identifying different safeguarding concerns and how to report them.

The home was clean and staff followed good infection control practises. People were supported to eat and drink enough to meet their nutritional needs and received their medicines from qualified staff following safe procedures.

Risks were identified, assessed and managed well, and this was all recorded in people's individual care plans. Care plans were regularly reviewed and any change in needs recorded. Care plans and the care people received were person centred and individual preferences, likes and dislikes were catered for by staff.

There were a range of activities to meet individual needs and the service was decorated and designed to meet the needs of the people living there. People had access to social and health care professionals when required and referrals were made in a timely manner.

People were treated with dignity and respect and encouraged to be as independent as possible. People received care responsive to their needs and people said their friends and relatives felt comfortable in the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice.

People were supported with health and social care referrals and these were completed in a timely way. Any guidance provided by external professionals were followed well by staff. There was a complaints procedure in place and the management team and staff regularly sought feedback to improve the service.

Staff felt supported in their roles and were regularly supervised to ensure any issues were identified and addressed quickly. The registered manager had thorough audit processes in place to ensure standards at the home remained good and any concerns were identified quickly and addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 13 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Coombe Dingle Nursing Home

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 Care Act 2014.

Inspection team

The Inspection was carried out by two inspectors and one specialist nurse.

Service and service type

Coombe Dingle Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, senior care workers, care workers and the chef. We also completed observations throughout the inspection, as some people who lived in the home were unable to verbally communicate with us.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and a business continuity plan. We spoke with the activities co-ordinator who was not working on the day of the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Coombe Dingle Nursing Home due to the security of the building as well as the staff that supported them, and relatives also told us they felt their relatives were safe living at the service. One relative said, "It's so nice to know that [person] is completely safe when we can't always be here."
- Staff were knowledgeable in identifying different types of abuse and confident of the reporting pathway and what to do to ensure people were safe.
- There was a safeguarding policy in place and regular refresher safeguarding training for staff to undertake. This was monitored by the registered manager to ensure all training was up to date.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of harm. All individual risks were identified, assessed and managed. This was seen through documentation in care plans and staff knowledge of people's risks when they were spoken with.
- Examples of risks being managed well was seen through individual risk assessments around behaviour that were challenging. There was detail around the triggers and provided advice for staff on how best to approach the behaviours.
- Annual servicing, tests and checks of electrical, gas and fire installations had been completed. Staff completed regular fire drills to ensure they were aware of the action to take in the case of an emergency.
- People had personal evacuation plans in place so there were clear instructions for staff on how to support them if there was a fire or other emergency in the home.

Staffing and recruitment

- Staffing levels met the needs of the people living in the home. The staffing team also had a range of experience and skills to ensure the individual needs of people living in the home were always met. We observed staff having relaxed, friendly interactions with people. Staff had the time to engage and support people when needed and knew people well, this was shown through meaningful conversations between staff and people.
- People and relatives told us there were enough staff to meet people's needs. One person said, "Staff are always around, they're always there if I need anything." A visitor said, "The staff are great here, and always seem relaxed, never rushed, and always have time to chat to people."
- The registered manager followed safe recruitment practises to ensure any potential new staff were suitable for the role and to support the people living in the home. This included reference checks, interviews and checks with the Disclosure and Barring Service (DBS). These checks identified if someone was known to

Police for convictions or cautions. For new nursing staff additional checks were completed to ensure the correct qualifications were held and they were suitable to meet the nursing needs of the people living in the home.

- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this. One relative said, "It's always the same staff, they know all of the people living here really well."

Using medicines safely

- People were supported with their medicines in a safe way by trained staff. Staff underwent regular refresher medicine administration training and the registered manager also completed staff medicine competency checks throughout the year.
- Safe systems were in place for the ordering, storage, administration and disposal of medicines. Medicines were dated upon opening and medicine records were completed appropriately.
- There were protocols in place to advise staff of "when required" medicines were to be appropriately administered for each individual person.
- The registered manager was a trained nurse and this was a further support for staff during their medicine competency checks and training. The registered manager told us how she was constantly looking to make improvements to the way in which medicines were managed to ensure risks of errors were minimised.

Preventing and controlling infection

- People were protected from the risk of the spread of infection as appropriate processes and policies were being followed by staff. A staff member said, "It is so important to make sure we are always using our PPE (Personal Protective Equipment) when we are supporting people with personal care and preparation of food. And to always be aware of no cross contamination or any risk of infection."
- There were hand sanitisers, hand gels and gloves in all areas of the home. Staff told us that these were always in full supply whenever they required them.
- Staff undertook infection control training and completed yearly refresher training. The provider also had an infection control policy in place that explained to staff the standards they were expected to follow.

Learning lessons when things go wrong

- Where accidents and incidents occurred these were reported, recorded and investigations took place to look at reducing any further risks
- The registered manager and staff showed a positive attitude towards learning from accidents and incidents and potential risks. This included where people were identified as at risk of falls, a risk assessment would be completed and then relevant referrals made to healthcare professionals if required.
- During the inspection it was noted that thickener was locked in a cupboard with a bolt on the door so anybody could open the cupboard. This was raised as a potential risk if someone was to unlock the bolt. It was explained immediately that this bolt was out of reach of people that would be able to do this. Even though no incident had occurred the registered manager ensured a padlock was attached and the key secured with the nurse supervisor on each shift. This was all completed during the inspection showing the provider and registered manager's positive attitude towards responding to any concerns raised.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Before people moved in to the home full assessments of the care required were completed. This was to ensure the home could meet people's needs before they moved in.
- People's care plans were detailed with people's preferences and needs and there was advice for staff to follow to ensure people's needs were met.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. The information was then detailed in care plans, such as people's religious beliefs.

Staff support: induction, training, skills and experience

- Staff told us that they received all the training that was relevant to their roles. One staff said, "If anyone moves in to the home that has different needs we have training to ensure we can meet their needs. For example, we did dementia training recently."
- New staff completed an induction that involved "shadowing" an experienced member of staff to gain practical knowledge of people's preferences and routines.
- The registered manager had a matrix to monitor all staff's training This ensured that required refresher training was booked before it expired. The registered manager responded to any staff requests for specific training, where appropriate.
- Staff we spoke with felt supported by the management team. They told us they received regular one to one supervision with their line manager to discuss any concerns or suggestions they had in relation to their development needs. Nursing staff were also subject to clinical supervision, this ensured they felt supported to carry out their role and nursing responsibilities.

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

- People told us that they enjoyed the food at Coombe Dingle Nursing Home. Relatives told us that they thought the food was nutritious and enjoyable. One relative said, "I have eaten at the home before and the food is of a good quality. [Person] has always liked their food, and he always eats well here."
- There was a full time chef employed who designed a varied menu for the people living in the home. Choices at lunchtime were shown to people on "show plates", this enabled people with more complex needs to choose a dinner that they preferred.
- Where people had problems with swallowing, the staff followed guidance from the Speech And Language Therapist (SALT) to ensure people had modified diets where needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood people's health needs and knew how to access additional health care support if needed. Staff were guided in care plans with lists of various professionals' contact details. This enabled them to have direct numbers for individual specialists that dealt with each person. Care plans also detailed additional information in relation to people's medical conditions describing how they can present if their health changes to advise staff when it would be necessary to contact professionals.
- Staff told us how important working with other professionals was to ensure people received the best care outcomes. We saw people's care plans contained important information and guidance from health care professionals for staff to follow.
- Referrals were made to a range of health and social care professionals when required to support people's changing health care needs. These referrals were made in a timely way to ensure no delay occurred and people received essential care quickly.

Adapting service, design, decoration to meet people's needs

- The home was nicely decorated and there were lots of examples where the environment had been adapted to suit the needs of people living with dementia. An example of this was seen through picture signage to direct people to main communal areas and points of interest.
- The registered manager had designed and built boards that people could interact with. These boards were attached to the walls and contained items such as locks, bolts and other items that people could engage with. During the inspection staff were seen to encourage people to interact with them.
- People's bedrooms were personalised with photographs, pictures and personal belongings where possible. This was to enable people to feel settled in their new environment.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make their decisions were clearly detailed in their care plans through thorough assessments and consent forms.
- There were people living in the home that had active DoLS in place. The registered manager understood how and when they should make referrals.
- The registered manager regularly checked DoLS applications to ensure legislation was being followed. All care plans showed that decision specific MCA and best interest decision procedures had been followed.
- We observed staff ask people for consent before they provided any support. This included asking people if they needed help with the activities and games throughout the day.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and relatives told us that staff were kind and caring. One relative said, "The staff are just brilliant, they're so considerate of the feelings of all of the people living here."
- Staff told us how they respected the people that lived in the home. One staff member said, "I treat them how I would treat my family, they're an extension of my family and I treat them like that."
- Staff respected people's differences. One relative said, "The people that live here are from all walks of life. Somehow, the staff make sure they are all happy, comfortable and cared for. It's astonishing really how they manage to meet all the different needs."
- The registered manager and staff promoted a lively atmosphere where there was always something going on. Staff reached out to people either in passing, by stroking a hand or arm, exchanging a few words or sitting down to spend a few minutes with a person. They understood people's body language and communication needs and when to intervene to provide gentle support.

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

- There were resident meetings and relatives were also involved in providing feedback. This resulted in changes made to the home. This was seen through a suggestion book in the front hall area of the building.
- People told us how they were involved in reviews of their care planning. One relative said, "I'm always involved to support [person] with reviews to make sure any changes that need to be made are made straight away. It's all about communication here, the staff are very good at keeping everyone up to date."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff were seen to knock on bedroom doors and wait for a response before entering. One staff member said, "Their bedroom is their private space, we are merely visitors in their personal space, we must respect that." A person confirmed this and said, "The staff are very good, they always knock on my door and make sure I'm happy for them to come in."
- There were people at Coombe Dingle Nursing Home that were living with dementia. During the inspection people were encouraged to be independent and follow hobbies and interests of their own. One person was seen to be arranging artificial flowers in the vases in the dining room. A staff member walked through the dining room and said, "That looks beautiful [person], thank you so much for helping us do this, I don't know what we would do without you." The person responded with a broad smile and continued to arrange flowers.
- One relative said, "I like how [person] has as much independence as possible, the staff are so encouraging for [person] to do as much as they can physically do. I never saw that in the last home."

- Staff were seen to maintain people's dignity. An example of this was seen when a person needed support to go to the bathroom. The member of staff spoke quietly to the person so nobody else could hear, the person nodded, and they quietly walked to the bathroom with the person linking the staff members arm and smiling.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person centred with details of people's likes and dislikes. One person's care plan detailed how they could become anxious and provided details of coping mechanisms, the care plan detailed that staff would need to reassure the person, speaking calmly and explain where she was. Staff were seen to adhere to this guidance during the inspection.
- People were seen to make choices throughout the day of the inspection. Examples were seen such as people choosing what they wanted to eat throughout the day and what activities they wanted to partake in.
- People's care plans provided advice for staff on how people liked to receive their care and how they liked to be supported. This included their care routines and what people were able to do.
- Care plans also detailed people's personalised nursing needs. This included guidance and advice around various medical conditions. This included catheter care guidance, Parkinsons advice and skin integrity care plans.
- Staff had identified that people wanted to attend the local church but were not always able to due to mobility issues. The Priest from the local church now attended the home every two weeks to provide a service. The local choir also attended the home on separate occasions to provide singing performances for people living in the home.
- Any changes to people's needs were communicated quickly to family members where appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs. Care plans detailed people's individual communication needs. Where people could not verbally communicate there was detail around what individual expressions meant and different signals that people would use when they needed something. Through observations of interactions on the day staff showed that they were aware of people's individual signs and expressions. For example, a person used a signal that we could not understand and the staff member immediately responded, "Yes [person], no worries, I'll get you a cup of tea as quick as I can."
- Menu choices were also available in pictorial format, which supported people to make choices in relation to what they wanted to eat.
- Resident meeting minutes were available in larger fonts and the registered manager explained that they also read the minutes out to some of the residents who would then confirm they agreed with the minutes. The registered manager also explained that if people needed, they support people with reading their

personal mail to them.

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

- Staff in the home encouraged people to be involved with a range of activities that suited their hobbies and preferences, main activities took part in the communal areas. However, staff respected if people's preferences were to stay in their rooms. The activities co-ordinator explained that one to one sessions were provided to people in their rooms if they wanted this. These sessions would be designed around the person's preferences and hobbies, such as table top games and reading.
- People were encouraged to invite family and friends to spend time at the home. This ensured relationships valued by the people living in the home were maintained. One relative said, "We are always made to feel so welcome whenever we come here. It's nice because their attitude means more people get regular visitors."

Improving care quality in response to complaints or concerns

- People and relatives told us that they were confident if they raised concerns they would be addressed correctly. One relative said, "If we ever had any worries we would go straight to [manager] she's just brilliant and I know she would sort it straight away. If she wasn't around, I'd go to one of the staff, I know they would all deal with it properly. I haven't been in this situation though, I've never had any complaints."
- The provider had a complaints policy in place with clear investigative action for staff to take. This advised and supported staff how to record and report a complaint and had a clear investigative process to ensure any patterns were identified and measures to be put in place to prevent further complaints. Complaints had been dealt with correctly detailing action taken and correspondence with the person who made the complaint. The registered manager explained how they encourage staff to make them aware of any issues, even if it is not an official complaint, so they can address these immediately as well.

End of life care and support

- The home were supporting people in the later stages of their lives and had been supporting people at the end of their lives since the last inspection. Care plans were detailed and examples were seen where consideration had been made to the person's wishes and preferences as they entered this stage of their lives.
- The home worked closely with family members and health professionals to ensure the person was as comfortable as possible throughout this period. Evidence of this was detailed in care plans, for example pain management advice had been sought by the palliative nurse and guidance was being followed by staff.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- People were treated as individuals by staff. Staff showed good knowledge of people's preferences, likes and dislikes and accommodated them wherever possible.
- There was a relaxed, homely atmosphere. Staff were available to spend time with people when they required them to. The registered manager was visible throughout the home and knew people and relatives well.
- The registered manager and providers when spoken with were transparent and open to suggestions, advice and learning from other professionals and staff.
- The registered manager completed notifications to the CQC. These are notifications of any significant events, accidents or incidents that have occurred at the home and they are required to notify us of.
- Where appropriate relatives were also notified of accidents and incidents immediately. Relatives praised the communication from the home and the updates they continued to receive.

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

- Staff were supported by the registered manager, who in turn was supported by the provider. During the inspection the provider attended the home to ensure the registered manager felt supported and the registered manager was seen to support staff in a kind manner.
- Staff told us they understood what was expected of them, and this was confirmed through staff meetings, supervisions and regular appraisals. One staff member said, "[Manager] has got a really kind way of supporting us with areas of improvement and constructive criticism as well as praising us and thanking us when we've done a good job, it's a really good balance."
- The registered manager completed regular quality assurance audits and the provider also completed further audits. This identified needs such as the requirement for a lockable alcohol handwash dispenser in the reception area, and wardrobes that needed to be fixed to the walls in some people's rooms. All of the works identified had been completed.

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

- People were involved in the day to day running of the home. People were seen to be encouraged to help

set tables before the lunch period, arrange artificial flowers around the home and work with staff to complete cleaning tasks.

- There were regular resident feedback forms and relative meetings held at the home, where actions were set and minutes were recorded. This ensured people's suggestions and concerns were addressed in a timely way. An example of this was a suggestion for an activity board to be placed in the communal area for people living with dementia. As a result of this suggestion, the registered manager had created one herself and bought it in to the home.
- There were also regular staff meetings that encouraged ideas to be put forward and the registered manager acted upon suggestions made. An example of this was a member of staff had suggested that the communal area also had a member of staff in attendance. This had been acted upon by the registered manager and during the inspection at least one member of staff was always seen to be in the communal areas.

Continuous learning and improving care; Working in partnership with others

- Accidents and incidents were monitored for trends and learning points. Regular checks and audits had also been carried out in other areas such as maintenance checks. We found improvements were always made where shortfalls were identified.
- The registered manager addressed actions from various quality assurance audits, as well as staff meeting minutes, resident and relative meeting minutes and resident feedback questionnaires to make improvements to the home.
- People received care which was well co-ordinated from a range of professionals. This ensured any change in needs were addressed in a timely way with joined up working to achieve the best results for the people living in the home.