

Compton Manor Limited

Compton Manor Residential Care Home

Inspection report

Compton Road
Holbrooks
Coventry
Warwickshire
CV6 6NT

Tel: 02476688338

Date of inspection visit:
06 February 2018

Date of publication:
07 March 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection site visit took place on 6 February 2018 and was unannounced. This was a comprehensive inspection.

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

The care home provides residential care to older people, including people who live with dementia. The home has two floors accommodating up to 38 people in one adapted building. On the day of our visit 35 people lived at the home, including two people on a short stay. One person was in hospital. The home is located in Coventry in the West Midlands.

At our last inspection in January 2016 we rated the home Good. At this inspection we found the evidence continued to support the rating of Good overall. However, improvement was required to some of the provider's systems and processes for monitoring the quality of the service.

This inspection report is written in a shorter format because our overall rating of the home has not changed since our last inspection.

There was a registered manager at the home who had been in post since September 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The providers systems to monitor the quality and safety of the service provided were not consistently followed and some audits were not effective. Despite this, people, relatives and staff felt the registered manager was approachable and the home was well-led. The registered manager was developing their knowledge and understanding of their management responsibilities and regulatory requirements.

People told us they felt safe living at Compton Manor. Staff understood how to protect people from harm, and provided good support to reduce identified risks. Medicines were managed safely. Information in care records ensured staff had the detail needed to ensure care and support was provided in line with people's needs and preferences.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. People and their relatives were involved in planning their care, and people decided how they wanted to live their lives on a day to day basis.

People enjoyed their meals and the varied range of choices available to them. They were supported to access healthcare professionals when needed. Staff respected people's privacy and promoted their dignity by supporting people to be independent. People and relatives spoke highly of staff who they felt were helpful, kind and generous.

People were supported to maintain relationships with people who were important to them. Family and friends were welcomed to visit the home at any time. A range of meaningful activities were available which people could choose to take part in. People were supported to follow individual interests and hobbies.

People, relatives and professional visitors were complimentary about the quality of care provided and were invited to share their views about the home to drive forward improvement. Complaints were managed in line with the provider's procedure.

Staff enjoyed working at the home and felt supported and valued by the management team. Action was being taken to make improvements to the home's environment.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service was not always well-led. There were procedures for reviewing the quality of service people received but these were not always used and some were not effective. The registered manager was developing their knowledge, skills and understanding of their role and regulatory responsibility. People and relatives were happy with the service provided and the way the home was managed. Staff felt supported and valued.	Requires Improvement ●

Compton Manor Residential Care Home

Detailed findings

Background to this inspection

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

This was a comprehensive inspection. The inspection site visit took place on 6 February 2018 and was unannounced. The inspection team consisted of one 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 service.

Before our visit we reviewed the information we held about the home. We had received information about 'high' use of agency staff and staffs' suitability to work with people who lived at home which we were able to check during our visit. We looked at statutory notifications the provider had sent to us and spoke with local authority commissioners. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They told us they had no feedback they needed to share with us about the home.

The provider completed a provider information return (PIR). This is a form that we ask the provider to complete to give us some key information about the service, what the service does well and improvements they plan to make. We were able to review the information when conducting our inspection and found the PIR to be an accurate reflection of the service provided.

During our inspection visit we spoke with five people, four relatives of people and eight staff, including the senior team leader, care staff, housekeeping, kitchen and activity staff. We spoke with the registered manager and the provider's area manager. We also spoke with a health professional who visited the home

regularly.

We looked at three people's care records and other records related to people's care, including medicine, daily logs and risk assessments. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records. We reviewed two staff files to check staff were recruited safely and were trained to deliver the care and support people required. We also looked at records of the checks the provider and registered manager made to assure themselves people received a good quality service, including staff rotas.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. This rating continues to be Good.

People told us they felt safe living at Compton Manor. One person told us they felt safe because they were never left alone and staff were there when needed. Relatives told us the secure access to the home and the numbers of staff on duty at any given time gave them confidence their family members were safe.

Prior to staff starting work at the home, the provider checked their suitability to work with the people who lived there. Staff had background checks completed and two references were sought before they were able to begin work. Staff files we reviewed confirmed these checks had been completed.

There were enough skilled and experienced staff on duty to support people safely. People received their care and support from a consistent staff team who knew the people they supported well. One staff member said, "If someone's [Staff] off then we cover for each other. I've been here for over six months and I have never worked with agency staff." Records confirmed this.

Staff knew how to protect people from the risk of abuse. Staff had attended safeguarding training which included information about how to raise issues with the provider and other agencies. One staff member said, "I am in no doubt our manager would address any concerns raised." They went on to explain the provider had a confidential help line which staff could use to escalate concerns if these had not been addressed.

There was a system in place to identify risks and protect people from harm. Risk assessments provided staff with the information they needed to provide care in the safest possible way. Staff knew about the risks associated with people's care needs and the actions they needed to take to keep people safe. Accidents and incident reports were reviewed to identify any patterns or trends and, where required, action was taken to reduce the potential for a re-occurrence.

The home was clean and smelt fresh. Staff had received training so they understood their responsibilities in relation to infection control and hygiene practices. Staff wore the correct personal protective equipment, such as disposable gloves and aprons, when preparing and serving food or supporting people with personal care.

Maintenance checks were regularly completed to ensure the environment was safe and equipment was kept in good working order. This included a system of internal checks and maintenance by external contractors where required, such as hoists and water quality checks. Records showed where areas requiring attention had been identified, action had been taken. For example, the provider had approved the replacement of carpets and flooring in some areas of the home.

Medicines were managed, stored, administered and disposed of safely. We reviewed four people's

medicines administration records, which had been completed in accordance with the provider's policy and procedures. Staff completed training before they administered medicines and regular checks took place to ensure they remained competent to do so.

Fire and evacuation procedures were in place for everyone at the home. Discussion with staff showed they understood the provider's emergency procedure and the actions they needed to take in the event of an emergency to support people to leave the home safely.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People and relatives told they felt staff had the skills and knowledge they needed to fulfil their roles. One person said, "They [Staff] know what they are doing which makes me believe they do get training."

The provider's systems and processes ensured new staff were inducted into the home and on-going training supported staff to update and further develop their knowledge and skills. A recently recruited staff member explained their induction had included working alongside a more experienced staff member and completing the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Records showed assessments were completed prior to people coming to live at Compton Manor to ensure the provider understood and was able to meet people's needs. These assessments were reviewed in line with people's care plans to ensure people's assessed needs were accurate and up to date.

The home worked in partnership with other health and social care professionals to support people. A visiting health care professional told us they found the registered manager was always willing to work with them and staff were 'good' at reporting any concerns. Care records showed people were visited, or attended visits, with healthcare professionals regularly, and as people's needs changed.

People told us they liked the variety of food provided. We saw the homes daily menu choices reflected people's cultural and religious beliefs and specialist dietary requirements. We saw the atmosphere during the lunchtime meal service was relaxed and sociable, with people and staff chatting together while they ate. People's specific dietary requirements were known to staff and appropriate choices were offered. Staff were available to provide assistance, when needed, and did so in a safe and unrushed way.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had made DoLS applications to the local authority (supervisory body) which had been authorised. Care records contained information about people's capacity to make decisions. However, where people had been assessed as not having capacity to make certain decisions, the instructions about how decisions were to be taken in the person's best interests were not clear. We discussed this with the registered manager who assured us this would be addressed. Despite omissions in records, staff had a good

knowledge of when and who could make decisions in a person's best interests.

People told us, and we saw staff sought consent from people before providing them with assistance. A staff member said, "It's only respectful to ask people if they would like us to help them." They added, "If a resident [Person] isn't ready we go back later and ask again." We saw this staff member practicing this approach whilst assisting a person with personal care. Staff understood people's individual communication needs which meant they were able to interpret the choices and decisions people made.

The provider had a program of refurbishment and redecoration in place in the home. A number of communal areas and hallways were freshly painted and appeared clean and bright. An entry, made by a relative, in the home's comment book read, 'The new deco has made a very nice improvement to the appearance of the home'. However, we saw newly decorated areas had not been personalised. The registered manager told us the maintenance man was planning to re-hang pictures later in the week. The area manager explained they were researching evidence based guidance to make the home's environment more dementia friendly.

Is the service caring?

Our findings

At our previous inspection we found the service provided was caring, and at this inspection it continued to be. The rating continues to be Good.

People were happy living at Compton Manor and spoke positively about the friendliness and caring attitude of staff. Comments included: "Staff are good. I couldn't do without them.", "Can't fault them [Staff] they are nice people." and "Staff are very kind and helpful..." Relatives described staff as 'kind, generous, polite and charming'. One told us how staffs' attitude made them feel welcome when they visited their family member.

People were able to spend time where they wished, and were encouraged to make choices about their day to day lives. Staff respected decisions people made. For example, we saw some people were up when we arrived, and other people were still in bed. During the day some people spent time in their bedrooms, and other people were in the communal areas of the home, which was their preference.

Staff understood the importance of promoting equality and human rights as part of a caring approach. One staff member told us if someone had specific cultural or religious requirements staff respected and helped people to meet these. They added, "We talk to people and their families so we understand what is important to them so we can do things [provide care and support] right."

People told us staff respected their rights to privacy and dignity. One person explained staff always knocked on their bedroom door to ask if they could come in, even if the door was open. A relative described how staff preserved their family member's privacy and dignity by ensuring doors and curtains were closed before providing assistance with personal care.

People told us staff supported them to maintain their independence where possible. One person said they preferred to shower independently. They added, "But the staff are always nearby in case I need help. It works well." We heard another staff member encouraging a person to exercise. The staff member said, "[Name] you are doing really well today. Shall we stroll to the other bathroom at the end of the corridor to give your legs a stretch?" The person smiled and replied, "That's a good idea. I need to keep these legs moving."

During our inspection visit we saw people living in the home got on well with each other, as well as the staff. People spent time talking with each other and chatting with staff. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. For example, we saw one staff member speaking with a person in their preferred language. Other staff sat next to people to hold a conversation with them on the same level. This demonstrated people were supported by staff with kindness, in a way that they could understand.

We asked staff about the 'Mum test'. Would staff be happy for their loved one to live at the home? All staff told us they would because they felt staff were committed to providing good care in a homely environment. One said, "I find my job very rewarding. I want to be there for them [people] making sure they have

everything they need to be comfortable and that they feel loved." A relative told us if they ever needed 24 hour care Compton Manor would be their home of choice.

People told us and we saw family and friends were welcome visitors to the home. This helped people maintain relationships that were important to them and further enhanced their well-being.

People's records which contained personal information were securely stored and kept confidential.

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and staff were as responsive to people's needs as they were during the previous inspection. The rating continues to be Good.

Most people felt the home provided activities they enjoyed and support was available to enable people to follow their interests and hobbies. One person told us they enjoyed knitting. We saw the person knitting during our visit. Another person told us they liked to spend their time reading the newspaper in their bedroom, and that staff made sure one was available each day for them.

We saw one person spent time laying the tables in the dining room and at meals times assisted with clearing crockery from the tables. The person told us they 'enjoyed helping'. Some people visited the hairdresser whilst other people took part in a communal quiz. People were heard laughing and chatting with the activity staff member and each other.

People told us staff were responsive to their needs. One person said when staff noticed a rash on their leg the doctor was immediately asked to visit. They added, "[Doctor] prescribed some cream. Staff make sure it's applied regularly." Another person told us they were provided with the 'right support' because the home employed staff from different backgrounds who understood the person's culture and beliefs.

Care records were centred around people's needs. They provided information about the person's life history, their life style choices, preferences, their support needs and how they wanted to receive care. Care records were up to date and had been regularly reviewed.

Staff told us they read people's care plans when people came to live at the home or when staff started working at the home. One said, "You get the main points from the care plan but we spend time with people to really get to know them." We saw staff were kept informed of any changes to people's needs through a verbal handover at the start of each shift. One staff member told us, "If something changes mid shift we all get together to plan what we need to do."

People and relatives told us they had no concerns or complaints but would not hesitate to speak to the registered manager or team leader if they did. Staff understood their responsibilities to support people to share concerns and make complaints.

The provider's complaints procedure was displayed within the home which gave people, relatives and visitors advice on how to raise concerns and informed them of what they could expect if they did so. The procedure included details of other relevant organisations, including the local authority and the Care Quality Commission. Records showed since our last inspection the home had received a number of compliments from relatives expressing thanks for the care provided to their family members.

The registered manager was not familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can

access and understand and any communication support they need. They acknowledged this was an area for development and assured us they would be speaking with their area manager about developing their knowledge.

The home worked closely with other health care professionals to support people who were approaching the end stage of life. One told us they felt staff at Compton Manor were 'very caring' when supporting people during this life stage. A team leader explained that additional staff were brought to sit with people at the end of their life so they were not alone. They added, "This is even more important if a resident has no family." We saw care records included information about people's end of life wishes, including religious and cultural traditions.

Is the service well-led?

Our findings

At our previous inspection we found the home and staff was well-led. At this inspection we saw staff continued to be well-led. However, we found improvement was needed to some of the providers monitoring systems and process. At this inspection Well-led was rated as Requires Improvement.

We found audits and checks to assess and monitor the quality of the service provided had been completed but were not always effective. For example, infection control audits had not identified pedal operated bins were not available in some bathrooms and toilets. Care plans had been audited, but had not identified some care plans lacked the necessary detail to ensure best interest decisions were made in line with regulatory requirements.

Some audit processes were not sufficiently detailed to enable them to be effective. For example, the audit tool used to monitor the management and administration of medicines included checking physical stocks of medicine, but did not ask about the management of controlled drugs, homely remedies (over the counter medicine) or prescribed creams and lotions. We discussed this with the registered manager and area manager who acknowledged some audits were not effective. The area manager told us they were in the process of re-introducing the providers 'paperwork' which had been changed by the previous manager.

Other audits identified areas for improvement and the action needed. For example, staff had been informed of the need to clearly record when people chose to decline offers of assistance. Records confirmed staff were following these instructions.

The provider did not have an emergency contingency plan. This meant staff did not have all the information they needed to support people safely if they were unable to return to the home in the event of a fire, or other emergencies. We discussed this with the registered manager and area manager who took immediate action and devised an interim plan. Since our inspection visit we have received confirmation that a detailed plan is in place.

Providers are legally required to display the ratings we give them. The provider had made a copy of their latest CQC report available in the reception area of the home. However, an overall rating poster was not displayed. We discussed this with the registered manager. They told us they were not familiar with the 'rating poster' and took immediate action to address this.

We saw a copy of the provider's statement of purpose (SOP) in the reception area. A SOP is a legally required document that includes a standard set of information about a provider's service. We found the SOP required updating to reflect the new management arrangements for the home. We discussed this registered manager who gave assurance they would address this as a priority.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act

2008 and associated Regulations about how the service is run.

The registered manager had been in post since September 2017 and told us this was their first home manager role. The registered manager was previously employed as the homes deputy manager and had a good understanding of providing 'care' and how this should be delivered. However, they had limited experience of managing a home which they acknowledged. They told us the area manager was supporting them to develop their knowledge, skills and understanding of relevant legislation and their regulatory responsibilities for example, The Accessible Information Standards. They added, "[Area manager] is my right hand and is very supportive."

People and relatives told us they were 'happy' with the way the home was managed and the service provided. One relative told us they felt the new registered manager was more 'visible' as they spent time talking to people which they thought was positive. Another described how they felt the atmosphere in the home had changed for the better and how the registered manager was always available if they needed to talk to them.

Staff said they felt valued and supported by the registered manager. One told us this was because the registered manager was approachable and listened. Another described how individual and team meetings gave staff the opportunity to share their thoughts and ideas. They described how the registered manager had responded to staffs' suggestion to reduce the need to duplicate daily recordings by making changes to paperwork. They added, "It gives us more time to spend with the residents."

The provider invited people and relatives to share their views about the quality of the service and any improvements the home could make through regular meetings and an annual quality survey. The latest survey from March 2017 showed an overall satisfaction with the service provided. We saw the provider had used people's feedback to make improvements. For example, menus had been reviewed and changed to address people's comments about limited choice and repetition of meals.

The provider operated an 'on call' system to support staff outside of normal office hours. Staff told us the system 'worked well' because a senior person was always available if they needed support or guidance. One staff member said, "With the new manager it doesn't matter what the time is you can call. It's very reassuring."