

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

Compass Care - South Park

10-11 Park Drive South, Gledholt, Huddersfield,
HD1 4HT

Tel: 01484315551

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Compass Care Homes Limited
Registered Manager	Mrs. Lesley Stennett
Overview of the service	<p>South Park Care Home provides personal care and support for up to 10 adults with a learning disability.</p> <p>The home is located in a residential area, next to a park, and has easy access to the local town of Huddersfield.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we spoke with four people who used the service and, as we were not familiar with their way of communicating, we were not able to gain everyone's views. However, as we observed their care we saw that staff were very supportive and familiar with people's ways of communicating.

People told us they were happy living at the home and they were looked after by the staff.

People told us that they had plenty to do, like visiting the day centre and going to organised social events.

People told us they felt safe, and liked living in the home. They said they were happy with the care they received and were able to make choices about their care with help from the staff.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at three sets of care records and saw evidence that people had been involved in making decisions about their care. This included what time the person liked to go to bed and how they liked to take a drink of water with them. People told us that staff respected their wishes and they received the care that they had agreed. Where able, people had also signed their care documentation to show they agreed to the care that had been planned. This included the person's agreement to have their photograph used in the home.

We observed positive interactions between care workers and people using the service and staff spoke with people in a respectful manner. We also saw staff asking people if they would like assistance. Before supporting people staff described what they were going to do, so that people understood support was going to be given.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three people's care records and the information included people's personal, healthcare, and social care needs and goals. Records showed that staff monitored and reviewed people's changing needs.

We saw that information had been obtained about the person's life history. This included details of their hobbies, interests, likes and dislikes so that the person's care could be planned in a person centred way.

People were supported in taking risks as part of their daily living to enable them to be as independent as possible. One person told us that they liked to go to the social events at the community centre and how the staff supported them to make sure they were safe.

We saw that staff were caring, good at engaging with people using the service and had developed positive relationships with them.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with three staff and they were aware of the types of potential abuse that could occur and the correct process to follow to report any incidents where they had concerns. They said they received annual training about keeping people safe from abuse and the training records we looked at showed evidence of this happening.

We saw the service had a policy and procedure for staff to follow about keeping people safe from potential abuse. This included a whistle blowing procedure. Staff told us they were aware of these documents and knew the procedure to follow.

The Care Quality Commission (Care Quality Commission) had received notifications from the provider where there have been incidents of concern. Records showed that appropriate action had been taken.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

We looked at the duty rota and discussed the staffing levels with the manager and three staff on duty. We discussed staff numbers and the needs of the people who received a care service. As we visited the service in the evening, the staff we spoke with included two evening staff and one night staff. We looked at what activities people took part in outside of the home, and saw on those days and evenings extra staff were recorded to work. The staff confirmed there was sufficient staff with the right skills and expertise to meet people's needs.

Staff also told us that the manager, provider or senior carer provided on call cover in the event of them needing advice or assistance.

We spent some time observing staff providing care and support to people. We saw there were sufficient staff on duty to meet people's needs. Staff interacted with people in an appropriate manner, providing support when needed whilst maintaining people's independence.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The provider told us that all staff were up to date with their training and we saw evidence of this in the records we inspected. The three staff we spoke with told us they had completed training in areas such as: food hygiene, moving and handling, first aid, pressure area care safeguarding of vulnerable adults. Training in the Mental Capacity Act and DOLS (Deprivation of Liberty Safeguards) was also undertaken; this gives staff an understanding of what to do if people are being restricted in their choices and protects the person's human rights. We also saw evidence of training that staff had attended in order to meet the specific care needs of people living in the home.

The three staff we spoke with told us they received supervision and we saw documentary evidence which confirmed this. The supervision of staff takes place to ensure they have the skill and competencies to meet people's needs.

We were told that all new staff joining the service received induction training and we had seen evidence of this at a previous inspection. However, on the day of this inspection, there was no one on duty that had recently joined the service. Therefore we were not able to look at this information.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

There was information to suggest that the service had a range of quality assurance systems in place to help determine the quality of service the home offered. Audit checks were carried out on the environment and services provided. This was to identify, monitor and manage risks to people who used, worked in or visited the service. Examples of these included medication and care plan audits.

We were shown the most recent quality assurance surveys and three had been returned. The feedback was positive and included information to suggest the service was well organised and people were receiving a good standard of care.

We saw the newsletter for April 2012 and were told these were written four times a year. These helped to keep people who use the service and their families up to date with current and forthcoming events.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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