Care Quality Commission

Inspection Report

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

Crompton Court Residential Care Home

Crompton Street, Liverpool, L5 2QS

Tel: 01512981959

Date of Inspection: 11 December 2013

Date of Publication: January 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	HC-One Limited
Registered Manager	Mrs. Patricia Conder
Overview of the service	Crompton Court is registered to provide care for up to 34 older people. The accommodation is provided on two floors with access to the first floor from stairs and a passenger lift. The home is situated in the Vauxhall area of Liverpool. There are gardens to front and rear and car parking at the side of the building.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke to different people about this service to gain a balanced overview of what people experienced, what they thought and how they were cared for. We spoke to three people resident at the service, two relatives of people and three staff members. We spent time observing people using the service, to see how they were cared for and how staff interacted with them.
People said that they had no concerns about the home or the care that service users received, and that the staff were, "lovely."
Relatives said people were happy in the home.
We saw that staff were cheerful, knew the service users' needs and called people by name.

The property was well laid out and maintained and we saw records of relevant safety assessments.

We looked at requirements relating to workers and saw that appropriate checks were made before staff worked with service users and staff were appropriately trained.

We saw that where issues and complaints were raised, that they were dealt with consistently, in line with the documented policy of the service and we saw evidence that changes were made in response to improve the care and welfare of service users.

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

Staff told us that people were given information about the service before deciding to live there. Relatives said that they had been involved in discussions about the preferences and care needs of the service user and had discussed their care plans with the senior care staff. We saw that care plans were signed by people or their relatives.

People told us that they were able to join in or decline the activities offered each day. One person had wanted to arrange their bedroom with their bed against a wall away from the emergency call bell. They told us that staff had tried to persuade them not to do that, because they thought it was too far from the emergency call bell but had accepted the service user's wishes. Staff found that they were able to move an armchair close to the bed at night so that the call bell was just in reach of the service user.

People told us that they could choose when to get up in the morning and that sometimes they changed their minds and wanted to stay in bed longer and staff respected their decisions and came back later.
We asked staff if people consented to the care they received and they said that they always asked people before helping them. They told us that people were free to choose what they did. We saw staff asking people before helping them to stand up, and offering choices of drinks and meals.

Staff discussed capacity to consent and how some service users might change their minds from day to day and how people can consent, or refuse something by their actions if they cannot respond verbally. This showed us that people had consented to the care that they received and that staff understood the law relating to mental capacity to consent and non-verbal consent.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People said that staff were, "very friendly and very caring" and that they were helped when they needed help. Relatives said that they were happy people were in the home and well taken care of.

People told us and we saw records about different activities available at the home including Bingo, cookery and card making. We talked to an activities co-ordinator who told us that they spent time with people who did not want to join in group activities. On the day that we visited the activities co-ordinator sat with and organised games of draughts in the morning and talked to people in the afternoon.
The home had a mini-bus but people told us, and we saw records that it was seldom used to take people out. People had been on group outings three times since June 2013.
People said that they had enjoyed a Halloween party at the home. Some of the people that we spoke to said that they would like to be able to keep active by going out of the home for a walk or to places of interest. They also said that they would enjoy physical activities within the home if they were available.

The provider may care to note that a wider variety of activities could be offered to address the diverse interests of more people, such as gardening. Walking and physical exercise helps people to maintain health and independence and promotes their welfare.

We saw that the service provided care for seven people with dementia in a small separate unit on the first floor. When we visited these service users were safely cared for by a single carer who summoned help, when needed using the emergency call system. This system allowed them to summon general assistance or emergency assistance with two distinct buttons and sounds.

The provider may care to note that if the physical dependency of service users in this unit deteriorates in the future, more staff may be required to ensure their safety, particularly until they have received their personal care. For example being helped to wash and dress in the morning. In addition, the installation of an intercom or internal telephone system would greatly enhance the ability of carers to communicate with colleagues and summon appropriate assistance when required.

During our inspection we saw that staff spoke to people in a caring and gentle way. We saw a 'night checks record' that showed that people on the dementia unit were regularly checked and that staff observed if people were awake or asleep, needed help to use the toilet or to be turned or helped to drink.

Staff were able to describe the action they would take in an emergency situation to maintain people's safety. They were able to locate relevant policies. This showed us that procedures were in place, that staff knew about to deal with emergencies.

All of the people using the service had a person centred care plan which had photographic identification of the service user. We looked in depth at pre-admission assessments, risk assessments and care plans for three people. The manager told us, and people confirmed that they had visited people and discussed their needs and preferences before they had come to live at the home. Assessment included social and personal needs. Care plans were in the form of individualised 24 hour cycles of care. The planned care matched the assessed needs of people and plans were in place to minimise risk from falls, scalds, disorientation, incontinence or mobility, when required. Care plans included a record of professional visits, appointments and personal belongings.

Care plans were reviewed regularly and updated in a daily statement of wellbeing and care document. This showed us that service users were protected from some risks and that care was planned according to individual needs.

The service used a MUST tool to assess the risk of malnutrition. The MUST tool allowed carers to calculate a number which signified the risk of malnutrition and triggered a response, including referral to a dietician. This required an accurate measurement of people's height but this was not recorded on most of the assessments that we looked at. Staff said that they did not have the means to measure people's height. All of the service users were weighed regularly and staff told us that they referred people to a dietician if they lost weight consistently although their policy advised referral when the MUST score was raised. The weight charts that we looked at did not show any continued instances of weight loss for service users.

The provider may care to note that while weight loss is an indicator for malnutrition, people arriving at the service who already have a low BMI (body mass index) may already be suffering from malnutrition and this would show on the MUST total score if it was calculated correctly. Health professionals such as dieticians and doctors may rely on the MUST score being accurately recorded when prescribing nutrition supplements.

The home also used the Waterlow risk assessment tool to indicate risk of pressure sore development. We saw that while individual fields were completed, some indicators were not included, such as when a person had previously had a stroke or another where the overall score was not calculated. The provider may care to note that whichever risk assessment tools are used, staff should have training and equipment provided to use them correctly in accordance with the policy of the service. This would ensure the safe and accurate assessment of risks upon which care plans are based and to which other health and care workers may refer to.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The premises were purpose built, on two floors and were well maintained throughout. There was parking to the side of the property. There was ramped access for people with mobility needs and external doors were secured at all times. We saw that a visitor's book, which we signed in when we arrived, was used by visitors to the home. People said they felt safe in the home, by day and at night.

There was lift access to the first floor. We saw that all of the 33 bedrooms were single and had en-suite toilets and washbasins. Bedrooms were personalised with photographs, ornaments and pictures and were lockable. People told us, and we saw that there was a lockable drawer in all of the bedrooms.

We saw that here was an emergency call system installed and call bells were in communal rooms and every bedroom, bathroom and toilet.

People said that the home was always clean and usually smelt clean. Staff said that repairs were carried out promptly and we saw records of this and of regular maintenance. Routine maintenance was comprehensive and included fire alarm, emergency lighting and water safety checks. We saw that there was a detailed plan of regular tasks and when these were completed they were documented clearly.

Exits were clearly marked and fire doors were marked and kept closed or had auto closure systems fitted. People told us that the fire alarm was tested each week and that staff had recently practised an evacuation exercise. There was an area outside the home and a smoking room attached to the conservatory where people could smoke. The premises were inspected in May 2013 by a Fire Safety Officer. The premises were found to be safe and recommendations to further improve safety have either been completed or are planned.

This showed us that the property was well maintained, secure and safe.

We saw that there were two bathrooms and a shower room at the service, all of which were adapted for use by people with mobility needs. One bathroom was within the

dementia unit leaving only two bath or shower rooms for the remaining 26 people using the service. People that we spoke to said that they were assisted to bathe or shower as often as they wanted to. Staff said that the property was generally well laid out and equipped but they thought it needed another shower room.

The provider may wish to note that when people are capable, they should be encouraged to be as independent as possible and the provision of an additional shower room in the future would help to facilitate this.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke to the manager of the home who told us about the recruitment process. We looked at records for two staff members, one who had first been employed in July 2013 and the other in August 2013. We saw that the manager had received two written references for each carer which included statements that they were honest, reliable and trustworthy and selection was made following an interview.

The recruitment checks necessary and set out in Regulation 21 of the under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 to ensure that workers were not barred from working with vulnerable people had been carried out. Neither carer had started working at the home until a current DBS certificate had been seen by the manager. This was clearly recorded.

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

The manager told us that they had seen evidence of qualifications such as National Vocational Qualification in Care certificates for new workers. All new staff had undergone an induction program and we saw that this was in accordance with the Skills for Care Common Induction Standards for social care.

This showed us that the service operated an effective recruitment process which ensured that people using the service were protected from the risk of being cared for by unsuitable care workers.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We asked people what they did if they wanted to complain or raise an issue. People that we spoke to said that they would tell the staff or the manager. People said they had never had a reason to make a complaint. One person recalled telling staff that a lamp was not working and told us that it was fixed the same day.

We asked staff what they would do if a person wanted to make a complaint. They told us they would try to deal with it and document it and tell people they could put a complaint in writing to the manager if they were not happy.

The manager told us that they held an 'open door surgery' every Friday and encouraged relatives to tell them of any concerns or issues and we saw a notice about this. We saw that any issues raised were recorded in a book. For example, a relative had been concerned about a person's blood sugar levels and in response, the manager had organised for a dietician to visit the person using the service. The manager told us that they felt that this approach meant that there were seldom any formal complaints made.

We saw that the home had a current complaints policy. When complaints were made, either verbally or in writing, they were entered into an electronic system. The manager then investigated the complaint and responded according to the home's policy. The most recent complaint had been made in July 2013 by a relative and we saw that it was dealt with in accordance with the policy of the service.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk