

Compton Manor Limited

Compton Manor Residential Care Home

Inspection report

Compton Road
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Coventry
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Tel: 02476688338

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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

This inspection took place on 12 January 2016 and was unannounced.

Compton Manor is a care home providing personal care and accommodation for a maximum of 38 older people. The home is located in Coventry in the West Midlands. There were 27 people living at the home at the time of our visit. A number of people were living with dementia.

The service had a registered manager. This is a requirement of the provider's registration. 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. We refer to the registered manager as the manager in the body of this report.

People told us they felt safe at the home, and staff treated them well. Staff knew how to safeguard people from abuse, and were clear about their responsibilities to report any incidents to the manager. The provider had effective recruitment procedures that helped protect people, because staff were recruited that were of good character to work with people in the home.

There were enough staff at Compton Manor to support people safely. Staffing levels enabled people to have the support they needed to take part in interests and hobbies that met their individual needs and wishes. People who lived at the home were encouraged to maintain links with friends and family who could visit the home at any time.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager had made DoLS applications when any potential restrictions on a person's liberty had been identified. People were able to make everyday decisions themselves, including how they spent their time and the activities they might enjoy, which helped them to maintain their independence.

People were supported to attend health care appointments with health care professionals when they needed to, and received healthcare that supported them to maintain their wellbeing. There were processes in place to ensure people received their prescribed medicines in a safe manner.

All of the care records we looked at were up to date and described people's routines and how they preferred their care and support to be provided by staff. People and their relatives were involved in planning, and reviewing how they were cared for and supported. Risk to people's health and welfare were assessed and care plans gave staff instruction on how to reduce identified risks. Staff had a good knowledge of the people they were caring for. People and their relatives thought staff were caring and responsive to people's needs.

Staff said they were supported and listened to by the management team. Staff received the training

necessary to give them the skills they needed to meet the needs of people they cared for. Staff reassured and encouraged people in a way that respected their dignity and promoted their independence. People were given privacy when they needed it.

People and relative's told us they knew how to make a complaint if they needed to. However, no-one had made a complaint regarding the home

The provider had established procedures to check the quality and safety of care people received, and to identify where areas needed to be improved. People and relatives were encouraged to develop the service by providing feedback about the quality of the service they received and how the home was run. The manager gathered feedback from people, their relatives and staff through meetings or quality assurance questionnaires. Improvements were made in response to people's suggestions.

People, relatives and staff felt the management team were approachable. The manager maintained an open culture at the home and was committed to continually improving the service provided. There was good communication between people, staff members and the management team.

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.

People told us they felt safe living at Compton Manor. Staff knew how to safeguard people from harm. People were protected from the risk of abuse as the provider took appropriate action to protect people. Medicines were managed safely, and people were supported to take their medicines as prescribed. Staff were available to assist people if they needed support.

Is the service effective?

Good ●

The service was effective.

People were cared for and supported by staff who had completed the training necessary to give them the skills they needed to effectively meet the needs of people living at the home. Where people could not make decisions for themselves, people's rights were protected. People received food and drink that met their preference, and supported them to maintain their health. People were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People told us they were happy at the home and felt staff were caring and respectful. Care and support was provided by staff who had a good knowledge of how people wanted their care and support to be provided. Staff understood how to promote people's rights to dignity and privacy at all times. People were encouraged to maintain their independence and make everyday choices which were respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in interests and hobbies that met their individual needs and wishes. Care records were up to date and reflected people's individual needs and preferences.

People and their relatives knew how to make complaints if they needed to, and the provider acted on complaints to improve their service.

Is the service well-led?

Good ●

The service was well led.

The management team were approachable, and people who lived at the home, their relatives and staff felt able to speak to a member of the team when they needed to.

People, relatives and staff were encouraged to share their views about the home and where improvements could be made.

Managers supported staff to provide care which focussed on the needs of the individual and staff told us they were supported by the managers. Systems were in place to monitor and improve the quality and safety of the service.

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 inspection took place on 12 January 2016 and was unannounced. The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experiences of using, or caring for someone who uses this type of care service.

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.

We also reviewed information we held about the service, for example, information from previous inspection reports and notifications the provider sent to inform us of events which affected the service. This is information the provider is required by law to tell us about. We looked at information received from commissioners of the service who supported people at the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We observed care and support being delivered in communal areas of the home, and we observed how people were supported to eat and drink at meal times. We observed medicines being administered.

During our inspection we spoke with nine people living at the home, two relatives of people who lived at the home, two team leaders, four care workers, the chef, the housekeeper and a visiting social worker. We also spoke with the manager and deputy manager.

We looked at a range of records about people's care including three care files, daily records, weight monitoring records, food and fluid charts and medication administration records (MAR) for six people. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We looked at various records the manager kept for the running of the home.

Is the service safe?

Our findings

People told us they felt safe living at Compton Manor. One person said, "I feel safe because there is always someone around." Another person told us, "I feel very safe. I don't have to worry, anymore, about losing my front doors keys or about youths knocking on my door troubling me."

Staff knew how to safeguard people from abuse and were clear about their responsibilities to report any incidents to the manager. For example, we asked staff what they would do if they witnessed an incident of a safeguarding nature. All responded that they would intervene directly to prevent further abuse, and immediately report the incident to more senior staff. One staff member said, "We have all had training in safeguarding so we know what to look out for and things we need to make sure we tell management about."

The manager notified us when they made referrals to the local authority safeguarding team where an investigation was required to safeguard people from harm. The manager followed the local authority procedures to ensure people were safe whilst safeguarding concerns were investigated.

Records showed staff were recruited safely. For example, prior to staff working at the service, the provider checked their character by contacting their previous employers to obtain references, and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This was to minimise the risks of recruiting staff who were not of suitable character to support people who lived in the home. Staff confirmed they were not able to start working at Compton Manor until the checks had been received.

Potential risks relating to the health and wellbeing for each person who used the service had been identified and care plans had been written to instruct staff how to manage and reduce potential risks to each person. Risk assessments were detailed, up to date, and regularly reviewed. Staff understood the risks associated with people's individual care needs. For example, one person was at risk of falling, and could injure themselves. There were plans for staff to follow in how the person should be assisted to move around, the number of staff required and what equipment should be in place to minimise the risk of them falling. We saw staff used the identified equipment whilst assisting them.

The provider had plans in place to ensure people were kept safe in the event of an emergency or an unforeseen situation. Emergency equipment was checked regularly. Weekly fire tests had been completed and staff knew what action to take in an emergency. We saw each person had a personal emergency evacuation plan which was easily accessible in the event of an emergency. These plans gave staff and the emergency services information about the level of support and equipment a person may need to evacuate the building safely.

People told us and we saw there were adequate numbers of staff available during the day to care for people safely, including dedicated staff to cover housekeeping roles such as cooking and cleaning. One person told us, "Yes, there's plenty of staff. There is always someone [Staff] about, to help me, day and night." There

were staff in communal areas of the home throughout our inspection, ready and available to assist people if they needed support. Staff told us staffing levels were flexible depending on the number of people living at the home and their needs. One staff member said, "Staffing levels currently are fine. When the home is full it can be hard, but the manager will increase the staffing then." Another staff member told us how the deputy manager was always available to work alongside staff at short notice if, for example, a person was unwell and needed staff to spend more time with them.

Staff told us and we saw staff rotas were prepared in advance to ensure planned and unexpected absences were covered by staff. The deputy manager explained, and staff confirmed, the home did not use agency staff. The deputy manager told us, "The staff are very good, they will always cover for each other and if staff can't cover a shift then I will work the floor. We choose not to use agency staff because we know the people here and we understand their needs. Continuity is really important for the people we care for." This meant that people received care and support from staff who understood their preferences and needs.

People told us they received their medicines when they needed them. One person said, "I get my medication regularly, they [Staff] make sure I take them and they never miss giving me my medication." We saw medicines were given to people safely. We observed staff took their time to support people to take their medicine and explained to people what their medicine was for. We looked at six medicine administration charts (MAR) and found that medicines had been administered and signed for at the specified time. The team leader told us they checked MAR records each day to ensure people continued to receive their medicines as prescribed.

People received their medicine from staff who had completed medicines training. Staff told us, and records confirmed staff's competencies were regularly assessed by a member of the management team to ensure they had the skills they needed to administer medicines to people safely. One staff member said, "You have to be trained before you can do anything with medicine. The deputy is very good. [Name] does competency checks and watches us doing a medicine round. In between if we are unsure about anything we ask [Name] and they help you to make sure you understand."

Medicines were stored securely and disposed of safely when they were no longer required. Some people were prescribed "as required" medicine. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. There was a procedure for each person to inform staff about when and why the medicine was needed, and staff knew when the medicine should be given. We saw staff discreetly and sensitively asking people if they needed "as required" medicine. This ensured people did not receive too much, or too little medicine when it was prescribed on an "as required" basis.

Maintenance checks were regularly completed to make sure 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.

Is the service effective?

Our findings

People we spoke with told us they were happy with the care provided by staff and that staff had the knowledge they needed to support people effectively. One person said, "Staff are wonderful. They know what they're doing alright, and they work very hard." Another person explained how they needed assistance from staff to use a hoist because they could not walk or stand independently. The person explained how they had felt frightened when first using the hoist, but soon relaxed because staff were confident using the equipment and made the person feel reassured. A relative told us, "One of the things I have noticed is that staff do training on a regular basis which is very good."

The deputy manager told us, and staff confirmed they completed an induction when they started work at Compton Manor. This included spending time with the deputy manager, working alongside an experienced member of staff, and completing training courses tailored to meet the needs of people who lived at the home. One staff member told us, "When I started working here I had a three day induction. I worked with a long term staff member even though I had previous experience of working in care." Another staff member told us how important the induction had been as it ensured they understood people needs and how they liked their care and support to be provided. The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. Staff told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

Staff we spoke with said they received training that enabled them to meet people's needs effectively. They said they were supported to do training linked to people's needs, such as, medication, moving and handling and dementia awareness. One staff member told us, "All my training is up to date. In the last year I have had training in fire, moving and handling, health and safety, COSHH, safeguarding, MCA and DoLS and others." We saw staff used their existing knowledge to assist people to move safely. For example, staff used appropriate moving and handling equipment and techniques when they assisted people during our inspection. We saw two people being moved using a hoist. On each occasion staff explained to the person what they were intending to do, and offered the person reassurance. The transfers were completed safely. One person told us, "The staff are so good, they help me move around. I need help because I can't walk".

We saw the manager and deputy manager encouraged and supported staff to keep their training and skills up to date, and maintained a record of staff training. One staff member told us, "We are constantly reminded, by the deputy when our training needs updating, or when we have been booked on training. They [Management] are very good because they fit the training around your personal commitments, to make sure you can attend."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us they made their own decisions and staff respected the decisions they made. One person told us, "It's up to me what I do each day." People said staff asked for their consent before providing care and support. One person said, "The staff always ask me if I'm ready for them to help me. Sometimes I am sometimes I'm not. If I'm not they [Staff] come back later."

We saw staff knew people well and provided effective support according to people's needs. For example, we saw how staff supported people to choose if they wanted to go out shopping and what items they wished to buy. Staff knew people's preferences and supported them to make decisions.

Staff told us that people made day to day decisions about their care and support and how they spent their day. One staff member said, "We always give people choices." Another staff member said, "We ask people each day what they would like to do and then we help them do it, things like if people want to go to the shops or have a bath."

Staff had attended training in MCA and demonstrated they understood the principles of the MCA and DoLS. They gave examples of applying these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. Care files we looked at included mental capacity assessments completed by the deputy manager. People who had been assessed as not having capacity, had decisions made in their best interests which were decision specific. This meant staff were given instructions on which decisions people could make for themselves, and which decisions needed to be made in their 'best interests'. One staff member told us, "We know which people can make decisions and those who can't because of their memory problems. We don't make decisions we have to get approval."

The manager understood their responsibility to comply with the Act and had reviewed each person's care needs to assess whether people were being deprived of their liberties. The manager had made DoLS applications to the local authority for a number of people living at the home, including an urgent seven day authorisation. An urgent authorisation for a DoLS is made when it is believed the need to deprive someone of their liberty is immediate and is in the person's best interest. The DoLS applications were in relation to people who were restricted by a locked door for their safety. We saw the local authority had held best interest meetings and the manager was waiting to hear the outcome of the DoLS applications.

Peoples told us the food served at Compton Manor was good and there was lots of choice. One person said, "The food is very nice, it is homely. If we don't like what is on the menu they [Staff] offer you something else." People told us the meals served gave consideration to their preferences, cultural and religious beliefs. One person told us, "I like the food on the menu, but the cook makes sure they have something in the kitchen in case I want to eat food from my homeland."

We observed a mealtime at the home. Food looked appetizing and people told us they enjoyed their meal. One person said, "I had a lovely salad. It was very nice." Another person told us they had enjoyed their meal. Tables were set with cutlery and condiments, place mats, centre pieces and drinks so that people could help themselves. People sat down to eat their meal where they preferred, and with people they wished to spend

time with. This made the dining experience enjoyable for people at the home, as it provided social interaction whilst they ate their meal.

During lunch people made choices about what they wanted to eat and people ate at their own pace. Staff were available to provide assistance when needed. We saw one staff member discreetly ask a person if they would like assistance with cutting up their food. The person said they did, thanked the staff member for their assistance and continued to eat their meal. We saw another staff member had observed a person was having difficulty with their meal. We heard the staff member suggest the person may wish to try using a spoon. The staff member provided a spoon which was successful in enabling the person to eat their meal independently. This meant people were supported to maintain their independence.

We saw people's food preferences and any allergies were recorded in their care plans and that people were supported to maintain a diet that met their needs and preferences. For example, the chef explained how they ensured there was a daily vegetarian option for one person, and how they made full fat desserts for another person who was at risk of losing weight because they knew the person enjoyed these. We heard the chef ask this person if they would like them to make a "special banoffee pie for tomorrow." The person said they would.

People were assessed for nutritional risk and this was reviewed on a monthly basis. People were weighed regularly. We saw when people had lost weight this was monitored by increasing the frequency of weighing and, if necessary a referral to the GP. Where appropriate people had been prescribed nutritional supplements to increase their calorie intake. A member of staff told us, and records showed one person was being weighed weekly because they were at risk of losing weight and had been prescribed food supplements. The staff member told us, "We monitor what [Name] is eating and we offer snacks in between meals. [Name] likes the 'shakes' and yoghurts. We notify the doctor if [Name] is not eating well."

Staff and people told us the home worked in partnership with other health and social care professionals to support people. One person said, "If I need the Doctor the staff call them and it doesn't take long for them to come to see me." The deputy manager told us a practice nurse from the local doctor's surgery visited the home twice a week. The deputy manager said this meant any concerns related to people's health could be discussed and fed back to the doctor who would visit if necessary. The nurse was also available to offer guidance and advice to staff.

We saw care records included a section to record when people were visited, or attended visits, with healthcare professionals. For example, people were able to see their GP, speech and language therapist, district nurse practitioner, dietician and dentist where a need had been identified. One person described to us how pleased they were that since coming to live at the home they had seen the doctor, the dentist, the optician and chiropodist. We saw another person's well-being had improved following a review of their medicine which staff had requested.

Is the service caring?

Our findings

People told us they were happy living at Compton Manor and spoke positively about the care and support they received. "One person said, "I'm very happy here. I get everything I need. I can't fault the staff. I don't think you could find a better place." All the people we spoke with told us they thought staff were caring. One person told us, "This is a nice place to live. The staff really care about us and we all have a good laugh together."

A relative we spoke with told us, "The staff are very friendly and caring." We saw another relative had recorded a comment about staff in the home's compliments book, "We find the staff very caring, [Name] is very happy here. Thank you again for everything you do and how you look after [Name]."

We spoke with a social worker who also shared positive views about the staff. They told us on the day of our inspection they were visiting the home unannounced and said, "As always I have been made to feel very welcome by the staff. When I visit it always feels welcoming and friendly."

We saw good communication between people and staff and the interactions created a warm and homely environment. Staff told us they used language prompt cards, and had spent time with people's relatives to learn key words in other languages to enable them to communicate with people for whom English was not their first language, or whose ability to communicate was affected by a medical condition. For example, we heard staff greeted people in their first language. Staff told us this was important as it was a sign of respect.

We observed people had a good rapport with staff, and spoke to them with confidence. Staff sat with people and chatted to them. People laughed and seemed pleased with the way staff interacted with them. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. For example, we saw staff crouching down when people were sitting, 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.

Staff asked people how they were feeling, and if they needed anything. One staff member approached a person in the dining lounge room and asked the person if they were cold. The person said yes. The staff member immediately responded by asking the person's permission to fetch a cardigan from their bedroom. The staff member was also heard asking the manager to check the temperature of the heating as some areas of the home felt cool.

People were able to spend time where they wished, and could make everyday choices themselves that were respected by staff. For example, we saw some people were up when we arrived, and other people were still in bed. Some people were eating breakfast in the dining room, and other people were eating breakfast in their room, which was their preference.

People told us their dignity and privacy was respected by staff. One person told us, "The staff deliver personal care to me morning and night, they always treat me with respect." Another person said, "The staff

are really pleasant. They treat me with respect." We saw staff knocked on people's bedroom doors before entering, and announced themselves when they entered people's rooms. We heard staff speak discretely and quietly to people regarding personal care routines, to respect people's privacy. We saw staff covered people respectfully when they assisted them to move, using specialist equipment.

Staff told us they understood the importance of treating people with dignity and respect. One staff member said, "I knock on people's doors. I always introduce myself and explain why I'm there. I always close the door after me. To ensure people's privacy I always make sure they [People] are covered if I am assisting with personal care."

Staff told us they thought people received good quality care at the home. One member of staff said, "We [Staff] really care about the people here. It's not just a job. It's more than that. We go that extra mile. We do things in our time, like going shopping for people, or we pop in on our day off, particularly if someone has not been very well and we just want to check how they are." A second staff member told us, "We are one big family."

People told us staff supported them to maintain their independence where possible. One person said, "I like to go to my bank so the staff help me with that." We saw the person's preference for visiting their bank was recorded in their care records and was known to staff.

People made choices about who visited them at the home. One person said, "We love visitors here. Anyone can come at any time. There are no rules." Another person told us, "Relatives can visit when they want, though they [Management] do encourage them not to come at lunchtime. My family work funny hours so it means they can visit to suit." We saw people had visitors join them at the home during our inspection. Visitors were offered drinks and made to feel welcome, and used the communal areas of the home as well as people's bedrooms to meet. This helped people maintain links with family and friends.

Is the service responsive?

Our findings

People told us the care and support they received was centred around their needs and staff responded in a timely way when they needed support. People told us they felt involved in making decisions about their care. One person said, "Some days I just fancy a bath, so I tell the girls and its sorted." Another person told us, "The staff are always about so you don't have to wait, I like that. They [Staff] know what I can do and things I need help with. Sometimes it takes me a while to get going in a morning but they don't rush me. They are wonderful." This demonstrated staff responded to people's individual needs and preferences.

We saw call bells in bedrooms and the dining room were answered promptly throughout our visit. People told us this was usually the case. One person said, "If you press it [Call bell] then they [Staff] come. This meant care and support was provided by staff when people asked for assistance. However, we saw people chose to spend their time in the conservatory where there was no call bell. We raised this with the manager as we were concerned people sitting in the conservatory may not be able to call for assistance when they needed it. The manager told us they had already identified this and arrangements were in place for a call bell to be installed. The manager told us, and we saw, they had instructed staff to be available in the conservatory at all times until the call bell was fitted. Since our inspection the manager confirmed that call bells had been installed in the conservatory.

People were offered support to take part in a range of different events and activities each day to help them form social relationships with other people at the home, and to provide them with activities they may find enjoyable and stimulating. All the people we spoke with told us there were varied group and one to one activities, including exercise classes, charades, monthly reminiscence sessions, pub lunches, trips to the shops and the local theatre and days out to places of interest. One person told us, "I love to draw this is my favourite pass time. They [Staff] went and got me lots of paper, pens and crayons so I can keep some in here [Lounge] and some in my bedroom. Now I can draw where and whenever I like. It makes me feel happy." Another person said, "There is always something to do to keep you busy. I like to sing, I watch the telly and if I want to go out to Tesco the staff take me. I did clothes shopping on Saturday, it was fun."

We saw people were encouraged to take part in everyday tasks. For example, one person spent their time laying the dining tables and clearing away crockery. The person told us, "I fold the serviettes and help set the tables for meals, I enjoy doing it."

The home has two dedicated staff members who were responsible for arranging and organising activities which reflected people's interests and hobbies. One staff member told us, "I think the activities are good. There is a choice of activities every day and we give people the choice of whether they want to join in. We do offer quieter activities for those people who prefer to do things one to one." The staff member explained they spent time with people and their relatives getting to know about current and past interests and hobbies to help staff plan activities and events. For example, one person had an interest in the Second World War. Staff had spoken to the person and purchased a number of DVDs for the person to watch. We saw another staff member spending time with a person, who was living with dementia, reviewing their family photograph album. The staff member was observed pointing out family members and reminding the person who they

were. We saw the person responded positively.

A four week activities plan was displayed in the reception area and around the home which showed what activity was planned for each day. Staff told us the programme was flexible and could be changed if people decided they would like to do something different. One staff member said, "[Name] likes to garden so if the weather is good we go outside otherwise [Name] likes to join in the group activity for that day. We just ask [Name] and change it to suit them." This showed people made choices which staff respected.

People and their relatives were involved in planning their care and support needs. One person said, "My care plan is updated on a regular basis and I am always involved in this." Another person told us, "Yes, I know about my care plans. Staff sit and talk to me about it." A visitor told us, they attended regular meetings where they discussed the care of their relative and talked about care plans. A social worker told us staff used information provided by the social worker as the basis of people's care plans. The social worker said, "They [Staff] are very good at writing care plans. They look at things that are personal to the person, their likes and dislikes. They are really person centred."

We reviewed the care records for three people. We found records detailed people's preferences and gave staff information about how people wanted their care and support to be provided. Care records were organised which meant the latest information was easily accessible for staff. Staff told us they understood how important it was to read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. For example, we saw staff support one person to walk to the local shop to buy a newspaper, which reflected the information recorded in their care plans about their daily interests.

Care records had a section called "My life story" which included details about people's religious beliefs and their personal preferences about how they wanted to be supported to maintain their faith. We saw one person was supported to regularly attend a local Gujarati cultural group which was identified in their care records as important to them. This demonstrated that people's beliefs and personal preferences were understood and respected.

Staff told us they were responsible for updating care plans each month, or sooner if a person's care and support needs changed. One staff member said, "I update the care plans for the people I am key worker for. Thanks to [Deputy] the care files are up to date." The deputy manager told us and records showed they checked all care files each month to ensure they were up to date. For example, we saw the deputy manager had identified a risk assessment review was overdue. Staff had been informed and the review had been completed.

Staff told us, and we observed they had an opportunity to catch up with any changes to people's health or care needs because they had a verbal handover at the start of each shift. We heard, and staff confirmed the handover of information between shifts was clear and effective. Staff shared information about people's needs, including any changes since they were last on shift to ensure they received good care. One staff member told us, "In handover we go through everyone individually and provide updates. It is especially good for me as I work part time." Staff explained the handover was recorded, so that staff who missed the meeting could review the records to update themselves.

All staff said they had access to people's care plans and updated them at each shift. They told us they would highlight any issues to the deputy manager or team leaders and people's care plans and risk assessments were updated where required. For example, one staff member said, "This morning a lady said she was not feeling well enough to have a shower so I reported this to the team leader." This meant staff were able to

respond to how people were feeling on that day.

The provider's complaints procedure was on display in the reception area of 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.

People and relatives told us they knew how to make a complaint and felt able to do so. No one who we spoke with had made a recent complaint. However, one person said, "I once had to complain about the attitude of a carer this was dealt with and the attitude of the carer changed." Another person told us they would have no hesitation in talking to a staff member if they were not happy with something. The person said, "If I was worried I would talk to [Name]". A relative told us, "If I have any concerns, they are dealt with straightaway."

The manager told us complaints were taken seriously. No written complaints had been received in the home in the last 12 months. The manager said there was an 'open door' policy at the home and a senior member of the team was always available should anyone want to make a complaint or raise their concern. The manager told us they understood the importance of analysing any complaints to continuously improve the service.

Is the service well-led?

Our findings

People told us they were satisfied with the quality of the service and spoke positively about the way Compton Manor was managed. One person told us, "The manager is always about. We can talk to [Manager] anytime we like. They are really nice." Another person said, "All of them [Management and staff] are A1, the best." A relative described the management team as "very good". This relative said, "They [Management] call straight away if there are any concerns. It good to know we are kept informed of any changes."

Staff told us the manager and deputy manager were approachable. One staff member said, "The [Management team] are brilliant, they are always there to support you if you need it and are very professional." Another staff member said, "We have a really good relationship with the managers. [Manager] is very good with the residents and we can go to them with everything." Throughout our visit the manager and deputy manager were visible and available to people, relatives and staff. We saw people and staff approached them comfortably. We observed both managers took time to chat with people and provided advice and support to staff when required.

There was a clear management structure within Compton Manor to support staff. The manager was part of a management team which included a deputy manager and team leaders. We were told the manager was present on a daily basis, but also spent some time each day supporting another of the provider's homes. The 'day to day' running of the home was the responsibility of the deputy manager with the registered manager overseeing more office based functions. The deputy manager told us they felt supported by the manager who was always available if there were any concerns or issues they required support with.

People and their relatives told us they were asked to share their views about the quality of the service or how things could be improved at the home through meetings and questionnaires. One person said, "We fill in a form and say what we think. It's really good. [Manager] lets us have our say." We saw the most recent questionnaire had been sent to people and their relatives in December 2015, asking people for their opinion about the home. The results were displayed in the reception area and showed a good level of satisfaction with the quality of the service. The manager told us, "The information we get from surveys and meetings is really important to help us make improvements." The manager described how the provider had supported the development of a hairdressing room in response to suggestions made by people who lived at the home. This meant the provider acted on the feedback they received about the service to make improvements.

Staff told us they had regular team and individual meetings with the management team. Staff said these meetings gave them the opportunity to discuss any issues of concern and areas for self and service-development. One staff member said, "They [Management] encourage you to share your ideas and they listen to you. I suggested a change to the way we fill in one of our daily records. The deputy manager said it was a good idea and has changed the form." Another staff member described how following a one to one meeting they were being supported to attend training to improve their knowledge of providing and supporting people living with dementia to engage in meaningful and stimulating activities.

All staff we spoke with told us Compton Manor was a good place to work. One staff member said, "Most of

the staff have been here a long time. Having managers who listen to you and value you, I think helps because we work well together." Another staff member said, "It's very good, I enjoy working here. We work as one big team."

The manager and deputy manager completed a number of checks to ensure they provided a good quality service. These included monthly checks to make sure staff reviewed care plans and kept accurate, up-to-date records of care. Medicine records were audited each day to make sure people had received their medicine as prescribed. We saw the deputy manager shared the results of their checks with staff, so staff knew what actions they needed to take to improve.

The manager had sent notifications to us about important events and incidents that occurred at the home. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

We saw the manager completed audits to monitor the health and safety of the service. For example, fire safety and infection control audits. These audits were completed on a regular basis to ensure people received their care and support in a way that continued to protect them from potential risks. We saw the manager checked accidents and incidents records, which enabled them to analyse any patterns or trends. Records showed the actions taken to minimise the risk of a re-occurrence. This meant potential risks to people were minimised.

The manager told us the provider made weekly visits to the home and spent time talking to people and staff. The provider also walked around the home to identify any improvements that needed to be made to the environment. For example, new carpet had been fitted in one of the corridors and a number of bathrooms had been refurbished. We asked to see records of the provider's visits but were told these were not recorded. The manager explained they had identified the need to record the provider's visits and showed us a new "Home Audit" record which would be used for all future visits.

During our inspection we asked the manager what they were most proud of in relation to the service people received, they responded, "I am proud that the people who live here are happy. I am very proud of the staff who are well trained and are caring. We have a 'can do' attitude at Compton Manor. There are no restrictions here and there is nothing that can't be done to make life better for people."

The manager told us everyone at Compton Manor was committed to continually improving the service the home provided. The management team had a clear understanding of the challenges that faced the service and told us they had identified areas for further improvements. They explained that in the medium term their objective was to continue to make improvements to the premises and environment, to look at innovative ways of encouraging more relatives to be involved in service developments, to make links with best practice organisations and to introduce the care certificate.