Potensial Limited

16 Crompton Street

Inspection report

16 Crompton Street
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:

16 Crompton Street is a care home providing support to 6 people at the time of inspection.

People's experience of using this service:
Everyone who lived at the home told us they felt safe. Medication was stored securely and administered by staff who were training to do so. There were recent checks that had taken place on the environment, and contractual checks to ensure the home was safe to live in. There was enough staff on duty to be able to support people safely. Staff were recruited and selected safely and recruitment checks were in place before staff started work. Staff were able to explain the course of action they would take if they felt anyone was being harmed or abused. Infection control procedures were robust, and there was information available for the use of COSHH products. The registered manager had identified their approach to incidents and accidents would benefit from being more detailed, they were in the process of changing this.

The registered manager and the staff were working in accordance to the principles of the Mental Capacity Act 2005. Where people's liberty was being restricted, we saw the reasons for this had been clearly recorded. There were some instances were consent was not clearly recorded in people's support plans, however when we spoke with people, they said their support plans had been discussed with them. People were supported to make themselves meals and snacks. People planned their menus and were supported by staff to partake in the cooking. We saw how consideration was given to people's special dietary needs. The registered manager and the staff team worked with external organisations to ensure people had accessed health services when they needed to.

Everyone commented on the caring nature of the staff. Staff spoke positively and respectfully about the people they supported. There were polices in place which described the importance of diversity and inclusion and support plans evidenced that people's needs and choices were recognised and supported.

There was information recorded in support plans with regards to people's likes, dislikes and routines. Staff knew people well, and people told us they were getting support which was right for them. There was a complaints process in place. We saw there were no formal complaints recorded, and any complaints made were not escalated by the people who made them. The registered manager was in the process of establishing a way to record these as 'niggles' rather than complaints. There was no one accessing an end of life pathway at the home, however, staff had knowledge in their area.

There was a registered manager during this inspection. The registered manager was knowledgeable regarding their role and had reported any notifiable incidents to CQC in line with their regulatory responsibilities. There was a process in place to audit service provision, we saw that some audits had identified the need for some improvement to made to the communal areas. The registered manager had escalated the findings of these audits as required.

Rating at last inspection: The previous report was published 9 November 2016. The home has a rated of Requires Improvement in well led and Good in all the other key questions. The overall rating at the last inspection was Good.

Why we inspected:

This was a planned inspection based on the rating of the last inspection. The rating for this service is good. Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service remains effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service remains caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service remains responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service is well-led

Details are in our Well-Led findings below.

16 Crompton Street

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by two Adult Social Care inspectors.

Service and service type:

16 Crompton Street is a Care Home. People in care home People in care homes receive accommodation and nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at on this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to this inspection we looked at the Provider Information Return (PIR). This is the information that we request from a provider that helps inform what we will look at during an inspection. We also reviewed statutory notifications that had been received from and about the service and contacted the local authority for feedback. We used this information to populate our planning tool. This helps us to plan how the inspection needs to be carried out.

During the inspection we looked at three people's care records, documentation relating to health and safety, two staff recruitment records, training and records of accidents, incidents and complaints. We also reviewed audits completed by the service and spoke to four people who used the service as well as five staff including the registered manager.

At the time of the inspection there was periodic testing of the electrical system being carried out at the home. This meant some electronically held information was not available on the day. The manager sent us the information we needed to form our judgement the following day.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

•There were processes in place to ensure that people who lived at Crompton Street were protected from the risk of harm and abuse.
•Staff completed training in safeguarding and were able to discuss with us what action they would take if they felt someone was being harmed and abused.
•People told us they felt safe living at the home and spoke positively about the staff. One person said "I like the staff because there was an incident and staff sorted it out".

Assessing risk, safety monitoring and management

•There were risk assessments in place. The risk assessments viewed were written specifically with the need of each person at the forefront. For example, we saw how one person had control measures in place to reduce the risk of injury when they were feeling anxious.
•There was a process in place to record and monitor incidents and accidents. We saw that this was currently in the process of being re-evaluated by the registered manager, so it was more robust.
•There were checks on the environment. We spot checked some of the certificates for the gas, fire and the portable appliance testing (PAT) and saw that they were in date.

Staffing and recruitment

•Staff recruitment remained safe. The registered provider ensured that staff were only offered a position in the home once all satisfactory checks had been completed on their character and suitability to work with vulnerable adults.
•There was a Disclosure and Baring Service (DBS) check in place for each member of staff. A DBS check is carried out by potential new employers to assist them to make safer recruitment decisions. In addition, each person had two references in place, and proof of identification.
•During our inspection we saw a interview taking place for a new member of staff. One of the people who lived at the home joined in and sat on the interview panel to ask questions.
•Rotas showed there was enough staff on duty to meet peoples needs as staff would often pick up overtime hours. The service was actively recruiting to fill the vacancies. There was some agency staff who worked at the service, however we saw these were long standing agency staff, and they always worked supported by regular staff. One person told us "I feel there are enough staff around".

Using medicines safely

•Medications were stored secured in a lockable cabinet. The temperatures of the medication cabinet and the fridge were taken twice daily.
•There was a procedure in place in relation to controlled drugs (CD's). These are medications with additional controls placed on them.
•Where people required medication to be given as and when required, often referred to as PRN medication, a separate protocol in place for this.
• People received their medicines safely? Medication was only administered by staff who had the correct training to do so. Staff underwent yearly competency assessments to check this, as well as completing a training course.

Preventing and controlling infection

•Throughout the duration of our inspection, we saw staff using personal protective equipment (PPE) appropriately. There were suitable storage facilities for cleaning products, and there was a COSHH file available for staff which contained the data sheets for each of the products used as part of the cleaning routine.
•The communal areas were kept clean and tidy, and people were supported and encouraged to clean their own rooms with staff support.

Learning lessons when things go wrong

•Our discussion with the registered manager demonstrated that they had identified some areas of service provision which required improving. For example, the registered manager informed us that they felt the way they recorded incidents and accidents would benefit from being more robust to enable them to make more specific links to patterns in people's behaviour. The registered manager had already started changing their approach to incidents and accidents documentation.
•The registered manager had encouraged and supported staff to complete more specific training around managing risk relating to times when people challenge the service. They had done this by engaging with other health and social care professionals or help and advice. We spoke to staff about their training in this area, and one member of staff told us they now felt 'confident' supporting people, as they had received more robust training.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

•There was an initial assessment in place for each person. We saw that where possible a robust transition plan had been implemented and information had been gathered from other professionals involved in people's care. This information was used to form the persons support plans and risk assessments.

Staff support: induction, training, skills and experience

•Our conversations with staff demonstrated that they were skilled and knowledgeable when it came to supporting the people who lived at the home. One staff member described themselves as having had an 'influx' of knowledge and support since starting with the company and this was ongoing.
• The training matrix evidenced that as well as staff being trained in mandatory subjects, they had also undergone role specific training to help people manage their emotional and psychological needs.

•New staff were supported to complete a 12 week induction process which was aligned to the principles of the care certificate, which is a nationally recognised health and social care induction.
•Staff we spoke with, and records showed that staff underwent supervisions with the registered manager or the deputy manager every other month.
•Staff who had been in post longer than 12 months had an appraisal.

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

•People were mostly encouraged to actively participate in making their own meals and snacks. One person told us 'We can cook if we want to. I have made fajitas for everyone and I am making pancakes tomorrow'. There was a dining area where people chose to eat together.
•People were supported to manage their dietary needs. For example, we saw how one person who was diabetic was supported to make healthier choices at mealtimes with support from staff, and the use of a 'carb book' which had been introduced in consultation with the views of the dietician.
•We saw how another person was supported to manage their diet in accordance with their intolerances.
•For the most part, people helped themselves to snacks and drinks when they wanted throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

•The staff and the registered manager worked consistently with CPNs, community matrons, social workers and other agencies to ensure that people were supported in a safe way. For example, we saw how multi-

disciplinary meetings were held to discuss support agreements for

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

• People had been involved in the décor or some of the communal areas and had personalised their own bedrooms.
•There was however, some areas of the home which required more modernisation, such as the kitchen area and one of the lounges to enable it to be more accessible for people and provide more space. In one of the environmental audits completed by the registered manager, they had identified this need themselves and submitted the information to head office for consideration.
•There were also some windows which needed to be replaced, and some of the outside areas needed attention. Again, this had been identified by the registered manager and requested.

We recommend the registered provider considers guidance in relation to this, and takes the appropriate action.

Supporting people to live healthier lives, access healthcare services and support

•People living at the home confirmed they were supported to access the appropriate healthcare they needed. One person said 'The staff will phone if we ask them and make an appointment for us'.
• People were encouraged and supported to take care of their medical health and emotional health.
•There was various information around the home which was aimed at promoting people's awareness and their sexual health and wellbeing. This was in the process of being made into easy read to support people's understanding.
•People were encouraged by staff to talk and discuss their feelings and thoughts. This was recorded throughout their support plans, and our discussions with staff confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•One person had a DoLs in place which had been appropriately applied for. The rationale for requiring the DoLS was clearly documented in the persons support plan.
•We saw that consent was not always documented in people's support plans. When we raised this with the registered manager, they told us that although people gave verbal consent, they often refused to sign information. This was confirmed by people living in the home. One person said 'Yes, staff always ask me for my consent'. Everyone who lived at 16 Crompton Street was able to give verbal consent for day to day decisions, such as what they wore, ate or if they left the home.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

•People spoke positively about the staff and felt that they were treated with respect. One person said, "They are helpful and polite and listen to what we say". Another person told us, "Staff do their job properly, they respect us, can't get any better".
•The service had an Equality, Diversity and Inclusion policy in place which had been reviewed to reflect current legislation.
•The manager demonstrated a clear understanding of equality and diversity needs of people and was proactive in sourcing accessible information so that they could make decisions based on this information.

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

• People confirmed that they were aware of their support plans and these had been explained to them. One person said "I could look at my care plan if I wanted to".
•The registered manager had advocacy information available should the people living in the home need to access independent support with making life decisions.

Respecting and promoting people's privacy, dignity and independence

•People said that staff always respected their privacy. One person told us "Staff will knock on my bedroom door and only come in if I say it is okay". Another person said, "If I am asleep they won't wake me".
•Staff told us how they respected people's privacy and dignity. One staff member said, "I make sure they close the doors when they are using the bathroom or getting changed."
•Support plans were written in a way which described people's diverse needs and how staff should support them with this in a dignified way. For example, when supporting one person to make meal choices in line with their health needs.
•Staff discussed how they supported people to try and be as independent as possible with regards to accessing the community and keeping their individual rooms tidy. One person showed us their room and said how proud they were of the fact they had moved it around themselves.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•People told us that staff had asked them about their preferences when they started living at the service. One person told us "When I first came staff asked me what I did and didn't like to eat".
•Support files included one-page profiles capturing at a glance key information including what (and who) was important to people as well as the key risks staff must be aware of when providing support. Each person had also developed a pictorial profile for their bedroom door illustrating their interests and hobbies.
• Support plans were personalised and detailed, accurately reflecting the choices and decisions that people could make for themselves. This was particularly evident in plans concerning how people were supported to manage their own finances. Support plans were reviewed on a regular basis. These reviews demonstrated the progress an individual was making against planned outcomes.
•The service complied with the Accessible Information Standard. Where people experienced sensory loss, there was a detailed communication plan in place describing the support needs of the individual.

Improving care quality in response to complaints or concerns

•People told us they knew how to complain and who they would speak to.
•There was a complaints policy in place as well as a number of ways people could express their views. These included house meetings, a suggestion box and formal complaints forms. The complaints policy was also available in an accessible easy read format. The manager had an open-door policy which meant it was easy for people to raise any issues. We saw this in practice when people asked the registered manager for advice and support.
•There were very few formally recorded complaints. The registered manager told us this was in part because complaints were dealt with informally or frequently retracted. These were not consistently recorded and the registered manager had already started to review this so that the service could demonstrate how they addressed concerns and any learning.

End of life care and support

•The service was not currently supporting anyone with end of life care however care files included a document called 'when I die'. This was a document that enabled people to set out their wishes and feelings in the event of their death. These were appropriately completed with the people living at the service.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•People spoke positively about the registered manager. One person told us "She is a good manager. She listens and gets things done. She is always at the end of the phone if we need her".
•The manager was clear about the vision and direction for the service. We were told by the registered manager "'We want to develop people to their true potential". We were also told by the registered manager about plans to develop a pathway with the providers Business Development Manager to support people onto further independence.
•The service promoted the providers 'Challenge Charter' which aims to promote openness and challenge practice. We saw evidence of this being discussed in team meeting minutes.
•The manager demonstrated an understanding of Duty of Candour and when to apply this.

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

•The service had an effective system of governance. The manager regularly completed audits including Health and safety, infection control, and medication. These were appropriate in identifying areas of improvement and the actions taken as a result.
•The manager was confident in describing these processes and how they were used to drive improvements.

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

•We observed a house meeting where people were encouraged to raise concerns and discuss matters affecting the service. We also saw minutes of previous meetings which demonstrated how feedback from people had been taken on board. For example, we saw discussions had led to redecoration of communal spaces within the home.
•We saw evidence of regular team meetings taking place which enabled staff to engage in issues relating to their roles.

Continuous learning and improving care

•The manager has a robust understanding of the quality systems and how to use these to continuously

improve. The manager has also identified area where improvement was necessary, such as accidents/incidents and learning from complaints and is reviewing current processes. The manager was also able to describe the importance and benefit of engaging with stakeholders such as people's CPN's, and social workers with the aim of improvement.

Working in partnership with others

•The service worked collaboratively with external agencies including community health services. The service had a robust understanding of the long term needs of the people who used the service and how a joined up approach with other professionals could improve the support provided.