ADL Plc

Crompton Court

Inspection report

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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 unannounced inspection was conducted on 25 April 2016.

Situated in North Liverpool and located close to public transport links, leisure and shopping facilities, Crompton Court is registered to provide accommodation for up to 34 people with personal care needs. The location is a two storey property with a passenger lift between the floors. It has a small specialist unit that provides care for people living with dementia. Each bedroom has its own en-suite facilities.

A registered manager was in post. 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.

People were kept safe because staff were vigilant in monitoring behaviours and indicators of abuse. Staff had received training in safeguarding and were able to explain what they would do if they suspected that someone was being mistreated. People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

People's safety was also promoted because the home had produced a personal emergency evacuation plan (PEEP) for each person living at the home and had conducted regular fire drills and fire alarm testing.

Staffing numbers were adequate to meet the needs of people living at the home. The provider based staffing allocation on the completion of a dependency tool.

The home recruited staff following a robust procedure. Staff files contained two references which were obtained and verified for each person. There were Disclosure and Barring Service (DBS) numbers and proof of identification and address on each file.

People's medication was stored and administered in accordance with good practice. We spot-checked medicines administration records and stock levels. We saw that records were complete and that stock levels were accurate.

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role.

The records that we saw showed that the home was operating in accordance with the principles of the MCA. Capacity assessments were decision specific and were focused on the needs of each individual.

People spoke positively about the quality of food. The menu changed every four weeks and clearly identified choices. People told us that they were offered plenty of drinks throughout the day.

People had good access to community healthcare services. The home worked well with healthcare professionals to maintain people's wellbeing. We saw evidence of positive relationships and good communication with healthcare services.

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate to the individual.

Staff spoke with people before providing care to explain what they were doing and asked their permission. People's privacy and dignity were respected throughout the inspection. People living at the home had access to their own room with en-suite facilities for the provision of personal care if required.

Each of the people that we spoke with confirmed that they had been involved in their own care planning. They also confirmed that relatives were invited to contribute to care planning. We saw evidence in care records that people and their relatives had been involved in the review of care.

Information regarding compliments and complaints was clearly displayed and the provider showed us evidence of addressing complaints in a systematic manner. All of the people that we spoke with said that they knew what to do if they wanted to make a complaint.

The home had systems and processes in place for communicating with people who lived at the home and their relatives.

People living at the home spoke very positively about the quality of the care provided and the management of the home.

Each of the staff that we spoke with was able to explain the purpose of the home and its values. We saw that these values were reflected in the provision of care and in information displayed throughout the building.

The provider had systems in place to monitor safety and quality and to drive improvements. They completed a monthly audit which included information that was fed-back to the staff 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 living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff were recruited following a robust process and deployed in sufficient numbers to meet the needs of people living at the home.

Medicines were stored and administered in accordance with best-practice guidelines.

Is the service effective?

Good

The service was effective.

Staff were trained in topics which were relevant to the needs of the people living at the home and were supported through regular supervision.

The provider applied the principles of the Mental Capacity Act (2005) meaning people were not subject to undue control or restriction.

People were provided with a balanced diet and had ready access to food and drinks. Staff supported people to maintain their health by engaging with external healthcare professionals.

Is the service caring?

Good

The service was caring.

We saw that people were treated with kindness and compassion throughout the inspection.

Staff knew each person and their needs and acted in accordance with those needs in a timely manner. People's privacy and dignity were protected by the manner in which care was delivered.

People were involved in their own care and were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People living at the home and their relatives were involved in the planning and review of care.

People's preferences for the provision of care were recorded and reviewed on a regular basis.

Procedures for the receipt and management of complaints were robust. Although the volume of formal complaints was particularly low for a home of this size.

Is the service well-led?

Good

The service was well-led.

The registered manager was available to people living at the home, their relatives and staff throughout the inspection. They demonstrated knowledge of each of the people and their care needs.

The provider had systems in place to monitor safety and quality and to drive improvements. They completed a monthly audit which included information to feedback to the staff team.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.

Crompton Court

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 25 April 2016 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience in residential and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and the staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time looking at records, including five care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of the inspection we spoke with five people living at the home. We also spoke with five relatives. We spoke with the registered manager, the deputy manager, three other staff and a visiting healthcare professional.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Crompton Court. One person said, "They [staff] are always checking we're okay and always available to help." Another person told us, "Yes I feel safe. The staff are always re-assuring me everything is okay." A family member told us," I have no concerns for my [relative's] safety."

We saw that people were kept safe because staff were vigilant in monitoring behaviours and indicators of abuse. Staff had received training in safeguarding and were able to explain what they would do if they suspected that someone was being mistreated. The home displayed information regarding safeguarding and whistle-blowing in the main reception area and at other points in the building.

We asked people living at the home what they would do if they were being treated unfairly or unkindly. They each said that they would complain to the manager or the senior staff. Relatives also told us that they would speak to senior members of staff or the manager if they had any concerns. All of the staff spoken with gave a good description of how they would respond if they suspected that one of the people living at the home was at risk of abuse or harm.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses. In the care records that we looked at risk had been reviewed within the last four weeks. We saw that risk assessments had also been reviewed and care plans amended following incidents. The provider sought advice from other healthcare professionals to help manage behaviours and reduce risk.

Accidents and incidents were accurately recorded and were subject to analysis to identify patterns and triggers. Records were detailed and included reference to actions taken following accidents and incidents.

The home had produced a personal emergency evacuation plan (PEEP) for each person living at the home and had conducted regular fire drills and fire alarm testing. The safety of the environment and equipment was monitored on a regular basis. We saw that reports had been produced and shared with the registered manager were appropriate. Equipment was serviced and inspected in accordance with requirements by external contractors.

Staffing numbers were adequate to meet the needs of people living at the home. The provider based staffing allocation on the completion of a dependency tool. We were provided with evidence that this information was reviewed following incidents where new behaviours were observed which might increase or change people's dependency level. One relative said, "I always see there's enough staff on duty." We observed staff providing care and saw that there were sufficient numbers of staff available to keep people safe and respond to their needs.

The home recruited staff following a robust procedure. Staff files contained two references which were obtained and verified for each person. There were Disclosure and Barring Service (DBS) numbers and proof

of identification and address on each file. DBS checks are completed to ensure that new staff are suited to working with vulnerable adults.

We saw evidence that poor performance had been formally addressed by the provider. This was in-line with the provider's policy and procedure.

People's medication was stored and administered in accordance with good practice. We spot-checked medicine administration records and stock levels. We saw that records were complete and that stock levels were accurate. We were told that nobody living at the home required covert medicines. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of the prescriber. Controlled drugs were stored safely and associated records were completed correctly. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. We saw evidence of good PRN (as required) protocols and records. PRN medications are those which are only administered when needed for example for pain relief. We saw that the provider used body charts to indicate where topical medicines (creams) should be applied. Records relating to the administration of medicines were detailed and complete. A full audit of medicines and records was completed monthly. Issues had been identified during previous audits and addressed in a timely manner. The most recent audits recorded a score of 100%.

Good

Is the service effective?

Our findings

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. One staff said, "There's always enough training and support." The training matrix and staff certificates showed that the majority of training was in date. The average completion rate for mandatory (required) training was recorded as over 90%. The most recent electronic records were not available on the day of inspection because the home had recently changed ownership and the new provider did not have access to the information. The people living at the home that we spoke with told us they thought that the staff were suitably skilled. New staff were trained and inducted in accordance with the principles of the care certificate. The care certificate requires new staff to undertake a programme of learning before being observed and assessed as competent by a senior colleague. All staff that we spoke with confirmed that they had been given regular supervision. We saw that this was recorded in staff records. Staff were also given access to specialist counselling services on request.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The records that we saw showed that the home was operating in accordance with the principles of the MCA. Capacity assessments were decision specific and were focused on the needs of each individual. Applications to deprive people of their liberty had been submitted appropriately. However, the processing of some applications had been delayed by the local authority. The home maintained a record of DoLS applications and their status. At the time of the inspection seven people were subject to restrictions on their liberty.

We sat with people and sampled a meal at lunchtime. Tables were laid out with table cloths, crockery and cutlery. Staff were busy but attentive in serving and monitoring people. Staff wore personal protective equipment (PPE) in-line with good practice for food hygiene. We sampled the food and observed people eating their lunch. The food was well presented and nutritionally balanced. People's preferences, allergies and health needs were recorded in a file and used in the preparation of meals, snacks and drinks. People spoke positively about the quality of food. They were particularly complimentary about the roast dinners and the fish provided each Friday. The menu changed every four weeks and clearly identified choices. People told us that they were offered plenty of drinks throughout the day. We saw staff offering drinks at lunchtime and throughout the inspection.

Most of the people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. For those people who did not understand, the provider had

identified a named relative to communicate with. We asked people if they could see health professionals when necessary. We were told that they saw doctors, chiropodists, opticians and other healthcare professionals when they needed. We saw records of these visits in the care files. A visiting healthcare professional told us, "Staff are really good here. Communication is good. They [staff] follow your instructions to the letter."

We looked at the physical environment to see how it was adapted to meet people's needs. The home made good use of signage and colours to help people identify their own rooms and bathrooms. Each door featured the person's name and number. Some doors had a brief description of the person's likes and dislikes and a photograph. This helped to ensure that staff had a basic understanding of the person and their needs before they engaged with them. The specialist dementia care area was appropriately decorated, made good use of colours and signs and had a very homely feel.

Good

Is the service caring?

Our findings

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, a pace and tone that was appropriate to the individual. One person commented, "The staff are always respectful." Staff took time to listen to people and responded to comments and requests. We saw staff providing appropriate physical contact and re-assurance where required. Staff at all levels demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. A visiting healthcare professional said, "[Staff] can rattle-off what medicines people take and when their birthdays are. The registered manager knows every one of the residents." All of the people living at the home we spoke with said that staff listened to them and described them as respectful.

Each of the people living at the home that we spoke with said that they were encouraged and supported to be independent. Throughout the inspection we saw people moving around the building independently and engaging in activities of their own choosing.

Staff spoke with people before providing care to explain what they were doing and asked their permission. One person living at the home said, "They [staff] always ask me before they do anything." Where people didn't respond staff repeated or re-worded the question to ensure that the person understood. For example, we heard a carer attending to the needs of one person who used a hearing aid. The staff member was very re-assuring and took time to ensure that the person was satisfied with the care provided. We saw that people declined care at some points during the inspection and that staff respected their views.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care. People living at the home had access to their own room with en-suite facilities for the provision of personal care if required. The home promoted dignity in care and displayed information for people living at the home, relatives and staff on notice boards. Staff were attentive to people's appearance and supported them to wipe their hands, face and clothing when they had finished their meal. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care.

Confidential information was securely stored. Care records and daily notes were respectfully worded and used language which was person-centred.

We spoke with visiting relatives throughout the inspection. They told us that they were free to visit at any time. One relative commented, "We were able to view before [relative] arrived. We had a choice of two rooms. Staff have made us welcome." Relatives made use of the communal areas, but could also access people's bedrooms and a visitor's room for greater privacy.

The service displayed information promoting independent advocacy services. We were told that none of the people currently living at the home made use of these services. Each of the people living at the home were able to represent themselves of had a nominated relative to act on their behalf.

Good

Is the service responsive?

Our findings

All of the people living at the home told us they received care that was personalised to their needs. One person said, "The staff are lovely here. You can do what you want." People's preferences and personalities were reflected in the décor and personal items present in their rooms. Important items and photographs were prominently displayed.

We asked people if they had been involved in their care planning and if they were able to make decisions about their care. Each of the people that we spoke with confirmed that they had been involved in their own care planning. They also confirmed that relatives were invited to contribute to care planning. We saw evidence in care records that people and their relatives had been involved in the review of care.

We observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required. For example, we saw one person who displayed signs of distress. The activities coordinator stopped what they were doing and worked with another member of staff to offer distraction and re-assurance to the person.

We asked people living at the home if they had a choice about who provides their care. None of the people that we spoke with expressed concern about their choice of carers. We saw evidence that people's preferences for the gender of care staff was recorded in care records.

We saw staff actively involved in organising activities and motivating people to take part. The home displayed an activities board which detailed a varied programme of activities. On the day of the inspection we saw staff supporting people to play bingo and access reminiscence therapy. Other people sat in small groups and chatted with each other and staff. The home had other resources/activities for people to access in the ground-floor lounge. We saw jigsaws, books and current magazines on display.

Information regarding compliments and complaints was clearly displayed and the provider showed us evidence of addressing complaints in a systematic manner. All of the people that we spoke with said that they knew what to do if they wanted to make a complaint. The staff that we spoke with knew who to contact if they received a complaint. Compliments and complaints had been recorded and analysed using an electronic system. It was unclear whether this system would be maintained by the new provider.

The home also had a schedule of resident/relative meetings. The most recent of these had taken place shortly before the inspection. The notes from the meeting indicated that previous actions had been followed-up and that important developments had been discussed. One person told us, "[registered manager] gets everything done for us." However the registered manager told us, "Relatives tend not to come to the meetings. They speak to me when they want." The home also had a questionnaire to be distributed although this had not been completed at the time of the inspection.

Good

Is the service well-led?

Our findings

Staff were able to access regular team meetings where important topics were discussed. We saw evidence that discussions regarding changes to the menu, fluid balance charts and the provision of drinks at night-time had taken place. We also saw evidence that discussions had taken place with staff before the recent change in ownership. Staff told us that they had been re-assured about the changes and were happy to continue under the new provider.

People living at the home spoke very positively about the quality of the care provided and the management of the home. Comments included, "The home is well-run. I'm happy here. I couldn't get better." Relatives supported the views expressed by their family members and spoke of the running of the home in a positive manner.

Staff were supported to question practice. The provider had a dedicated person to receive complaints and whistle-blowing concerns. We saw that whistle-blowing had been discussed as part of staff supervision. Staff told us that they felt confident in speaking to the registered manager or reporting outside of the home if necessary.

Staff were motivated to provide good quality care and were supported by the home. One long-standing member of staff said, "I'm still happy in my job." Another person told us, "I love my job."

Each of the staff that we spoke with was able to explain the purpose of the home and its values. We saw that these values were reflected in the provision of care and in information displayed throughout the building. The registered manager told us that the home existed to, "Keep people safe and give them a better quality of life." They also said, "People don't come here to die. They come here to live."

The provider had systems in place to monitor safety and quality and to drive improvements. They completed a monthly audit which included information that was fed-back to the staff team. Areas assessed during these audits included nutrition and medication. We also saw evidence of regular audits and detailed reports relating to; health and safety, fire safety, water temperatures and maintenance of buildings and equipment. The records that we saw indicated that all audits had been completed in accordance with the provider's schedule.

The registered manager was able to explain their role and responsibilities in detail. They told us that they received support from the provider and the managers of two other homes recently acquired by the provider.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.