

Compton View Care Limited

# Compton View Residential Care Home

## 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 

### Overall summary

This inspection was unannounced and took place on 22 September 2015

Compton View Residential Home provides personal care and accommodation to up to 18 people. It specialises in providing care to older people. At the time of this inspection there were 15 people living at the home.

There is a registered manager 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.

The registered manager had the skills and knowledge to effectively manage the home. They shared their knowledge with staff to make sure people received care

# Summary of findings

in accordance with up to date good practice guidelines and legislation. People described the registered manager as open and approachable and always available to listen to their concerns.

People told us they felt safe at the home and with the staff who supported them. One person said “Everyone is very nice to you.” Another person told us “I feel very comfortable with everyone and very safe here.”

There was a robust recruitment procedure and all staff were aware of what may constitute abuse and how to report it. This all helped to minimise the risks of abuse to people.

Staff were well trained and competent in their roles. There were enough staff to make sure people received care safely and in an unhurried manner. People told us staff were always kind and caring when they assisted them. Several people commented on how friendly staff were.

Each person had their needs assessed and there were personalised care plans in place to guide staff on how to meet people’s needs. Care plans were very personal to the individual to make sure staff knew how each person wished to be supported.

People received their medicines safely from staff who were competent in this area. Staff monitored people’s health care needs and made sure they received support from appropriate healthcare professionals where necessary.

People were able to make choices about all aspects of their day to day life. Staff told us they encouraged people to maintain their independence and chosen routines. People were always asked for their consent before staff assisted them and staff knew how to support people who lacked the mental capacity to make a decision for themselves.

The owners of the service were very visible in the home which enabled them to monitor standards on an on-going basis. There were also more formal quality assurance systems such as satisfaction surveys and audits.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There was a robust recruitment procedure in place which minimised risks to people.

People received their medicines safely from staff who were competent to carry out the task.

There were sufficient staff to make sure people received care in an unhurried and relaxed manner.

Good



### Is the service effective?

The service was effective.

People received effective care and support from staff who had the skills and knowledge to meet their needs.

People received food in line with their preferences and needs.

Staff knew how to assist people who did not have the mental capacity to make a decision for themselves.

Good



### Is the service caring?

The service was caring.

People were supported by staff who were friendly and professional.

People's privacy was respected and they were able to spend time alone if they chose to.

People were involved in decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People were able to make choices about all aspects of their day to day lives.

Staff monitored people's well-being and responded to changes in need as appropriate.

People told us they would be comfortable to make a complaint and were confident action would be taken to sort out any issues raised.

Good



### Is the service well-led?

The service was well led.

The registered manager was open and approachable. They had the experience and knowledge to effectively manage the home.

There were systems in place to monitor standards of care and ensure the safety of people.

People had ways to express their views.

Good



# Compton View 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 22 September 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. The last inspection of the home was carried out in February 2014. No concerns were identified with the care being provided to people at that inspection.

During this inspection we spoke with eight people who lived at the home and one visitor, three members of staff and the registered manager. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, records of audits and minutes of staff and service user meetings.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. One person said “Everyone is very nice to you.” Another person told us “I feel very comfortable with everyone and very safe here.”

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people’s criminal record history and their suitability to work with vulnerable people. Staff files showed that new staff did not begin work in the home until all checks had been returned to the registered manager.

Staff told us, and records seen confirmed, that they received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff told us if they had any concerns about people’s care they would report it immediately to the registered manager and “It would be sorted.”

To ensure all concerns were appropriately dealt with and investigated there was clear information for staff. This information included details of the local safeguarding policies and protocols. There was also poster on the notice board giving people details of what to do if they suspected abuse. It gave contact details of who to contact if for any reason a person felt unable to speak with the registered manager. This ensured everyone had easily available information to assist them to raise concerns.

People were supported by sufficient numbers of staff to meet their needs. People said, and we observed, that staff had time to assist people in a relaxed and unhurried manner. One person told us “They never rush you.” Another

person, who liked to spend time in their room said “I’ve got bells everywhere. If I ring they come really quickly.” Staff rotas showed that staffing levels were consistent and staff said there were always enough staff.

Care plans contained risk assessments which outlined measures in place to enable people receive care safely. Where people were assessed as being at risk of pressure damage to their skin the assessments stated the equipment needed to minimise the risks. Equipment, such as pressure relieving cushions and mattresses, were in place according to people’s individual needs.

People’s medicines were safely administered because staff had received specific training and had their competency to carry out the task assessed by the registered manager. Where people chose to administer their own medicines risk assessments were carried out to make sure they were safe to do so. Risk assessments regarding self-administration of medicines had been signed by the person to show they understood the measures in place to minimise risks. These assessments were regularly reviewed with people to make sure they still wished to maintain their independence in this area and remained safe to do so.

People received the right medicines at the right time. One person said “They are always on time with the tablets.” A person who was prescribed pain relief on an ‘as required’ basis said “They give you tablets when you need them.”

People received their prescribed creams and lotions according to their prescription. There were records to show when these had been applied which enabled their effectiveness to be monitored. One person said “They are very diligent with the ointment. They do it every day without fail.”

There were suitable secure storage facilities for medicines. The home used a blister pack system with printed medication administration records. Medication administration records showed all medicines entering the home from the pharmacy were checked and recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

# Is the service effective?

## Our findings

People received effective care and support to meet their needs. There was a stable staff team who knew people well and were able to monitor their health and welfare on a daily basis. One member of staff said “Because we know people so well we notice if there are any changes and we can act quickly.” One person said “They are very good if you aren’t well. A couple of weeks ago I was poorly. The carers were so good and they got the doctor in to see me.” Another person said “They get the doctor for the least little thing. I feel very well cared for.”

People told us they had access to healthcare professionals according to their individual needs. One person told us a district nurse visited them regularly. Another person said the staff arranged for eye tests and regular appointments with a visiting chiropodist. People’s care plans showed people were seen by healthcare professionals in response to acute illnesses and to meet on-going healthcare needs.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. One person needed a specialist diet and the staff made sure they received this. The person told us “They are marvellous and make sure I get the right food. I never feel I go without anything.” During the morning we saw this person received biscuits with their drink that had been specially purchased in line with their diet.

The staff monitored people’s weight and made referrals to appropriate professionals if concerns about weight loss or gain were highlighted. One person had lost weight and had been prescribed food supplements. These were being given regularly and the person’s weight was gradually increasing.

At lunch time people were able to choose where they ate their meal. The majority of people chose to eat in the dining room and this was a pleasant and sociable occasion. A small number of people preferred to eat in their rooms and this choice was respected. Staff made sure people received food in line with their assessed needs and offered choices of vegetables and condiments to accompany the main meal. Staff interacted with people well and assisted people in a dignified and unobtrusive way. One person’s care plan said they needed their food to be cut into small pieces and staff carried out this task for them at lunch time.

People were complimentary about the food served. Comments included; “Food is very good,” “Good home cooking” and “The food is always lovely.”

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Many staff had nationally recognised qualifications in care which ensured they were competent in their roles. Staff said they had good opportunities to undertake training and people felt staff were well trained to support them. One person told us “I have every confidence in the staff.” Another person said “I couldn’t be happier. They do a wonderful job and I’m the first to say I’m not an easy person to please.”

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. People continued to make choices and said they felt able to refuse support if they wanted to. One person said “It’s always up to you.”

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The staff used a best interest checklist to make sure people who lacked capacity had appropriate decisions made on their behalf.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was up to date with changes to this

## Is the service effective?

legislation and sought advice from appropriate professionals if they had concerns about a person. One person was being cared for under this legislation and all staff were familiar with the person's legal status.

# Is the service caring?

## Our findings

People were supported by kind and caring staff. Throughout our visit we saw staff assisted people in a way that was friendly and professional. Staff took time to chat with people about day to day events and shared jokes and friendly banter where appropriate.

People were extremely complimentary about the staff especially the owners of the home, one of which was the registered manager. One person said "The owners are so caring." Another person told us "Everyone is really friendly, polite and nice."

Thank you cards praised the staff and owners of the home. Comments on cards received thanked staff for their "Loving care and kindness," "Patience and care" and "Care and compassion."

Staff ensured new people who moved to the home were introduced to other people which helped them to settle in. One person told us "I came for a fortnight. Everyone made me feel so welcome I decided to move in. I haven't regretted it." A person who had recently moved in told us staff had introduced them to several people. They commented "Everyone has been very helpful and friendly."

People had formed friendships with other people who lived at the home and with staff. A small group of people sat conversing in the lounge area and told us how much they valued each other's company and friendship. One person told us they had made a particular friend of another person who lived at the home and they liked to spend time together. They said "We just click and they have become a good friend. It's lovely to make a new friend at my age." Several people commented about how friendly staff were and one person said "Staff show an interest in what you are doing and in you as a person."

People said they felt very much at home and were encouraged to treat Compton View as their home. One

person said "This is my home. I feel comfortable, safe and secure. That's what home means to me." Staff told us they respected people's routines and wanted people to treat the home as "Their home."

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. One person said "I don't mix. I couldn't be happier. Staff just can't do enough for you, nothing is too much trouble and I certainly don't feel lonely." Another person said "I like my own company but anything you want you just have to mention it and they get it for you."

People told us they were able to have visitors at any time. Each person had a single room where they were able to see personal or professional visitors in private. One visitor told us they were able to visit at any time and were always made welcome. People told us they continued to see friends and family whenever they wished.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person told us "They [registered manager] did an assessment with me and we did the care plan together. I was involved every step of the way." Another person said "I like the fact that they discuss everything with you."

People had been asked about the care they would like to receive if they became unwell and at the end of their lives. People's individual wishes were recorded to make sure all staff were aware of any specific wishes. Where a person had declined to share this information this was also clearly recorded.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.



# Is the service responsive?

## Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their day. One person told us they always got up very early and we noticed other people liked to stay in bed till late in the morning. One person said “They help you when you need help. It doesn’t seem to bother them. I expect they like us all doing different things at different times because it spreads their work out.” Another person said “When I moved in they said I must continue with things as I always have. I still have my own routines.”

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. One person told us before they moved in they had been able to visit to “Get a feel for the place” and they had received all the information they needed to help them to make a decision.

Care plans gave information about people’s preferences and wishes as well as their physical needs. These plans of care were very personal including preferred toiletries and skin care routine. There was also a section in the care plan called ‘A day in the life of’ which outlined how and when people liked to receive support. This ensured staff had all the information they needed to provide care that was personalised to the individual.

Care plans were up to date and reflected the current needs and wishes of people. They took account of people’s specific needs, such as sensory impairment, and gave clear instructions for staff to follow. Staff told us the care plans gave them all the information they required and were up dated in line with people’s changing needs.

The staff responded to changes in people’s needs. For example one person was having difficulty with drinking and

it was recommended they had a two handled beaker to assist them. We saw this cup was made available to them. Another person had some mental health difficulties and the registered manager had sought advice and support from a psychiatrist. In response to the advice the care plan had been altered to ensure staff had a consistent approach with this person.

People were able to take part in a range of activities according to their interests. Although there were some organised activities each day many people told us they liked to pursue their own hobbies or spend time socialising, reading and knitting. One care plan said the person liked to go out in the garden to feed the birds and water the plants and they told us how much they enjoyed doing this. One person said “There’s all sorts of things going on. Sometimes I join in sometimes I don’t. We do have nice singers that I usually like to go to.”

People’s birthdays and other special occasions were celebrated. On the day of the inspection people enjoyed a glass of sherry before lunch in celebration of a birthday. One person said “They like to spoil you and make an occasion of things. There’s always a present and you do feel special.”

The registered manager sought people’s feedback and took action to address issues raised. The registered manager worked in the home each day and spent time with everyone which enabled people to voice their opinions about the home. There were also meetings for people where they were able to make suggestions and share ideas. Minutes of meetings showed people made suggestions about activities, outings and food. One person said “If you suggest a certain meal they usually try to put it on the menu.”

No one we spoke with had any complaints about the home or their care but everyone said they would be comfortable to make a complaint. One person said “They pointed out the complaints procedure when I moved in. Said I should make a complaint if I wasn’t happy and I certainly would.” Another person told us “If I had anything to complain about I would. They [registered manager] would sort it out.”

# Is the service well-led?

## Our findings

The home was well led and managed by the owners, one of which was the registered manager. Both worked in the home daily which enabled them to monitor people's well-being and ensure high standards of care on an on-going basis.

The registered manager was appropriately qualified and experienced to manage the home. They were a registered nurse and kept their skills and knowledge up to date by on-going training and reading. The home was a member of the Registered Care Providers Association (RCPA) which provides up to date guidance and information for care providers in Somerset. They had also signed up to the Social Care Information and Learning Service which is an on line resource which provides up to date information about care issues. The minutes of staff meetings showed they kept staff up to date with changes to practice and legislation.

People told us they thought the registered manager was very approachable and they had confidence in their management. One person said "She [registered manager] is always available and always ready to listen to you." Another person told us "You couldn't ask for a better home. They have high standards and they achieve them. I can't recommend it highly enough."

The owners had a clear vision for the home which was to enable people to continue to live their lives as they chose and maintain their routines. They encouraged people to retain their independence and continue to follow their chosen lifestyles. They told us in their Provider Information Return (PIR) they wished for Compton View to be a home not an institution. Their vision and values were communicated to staff through day to day conversations, staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Comments from people and staff demonstrated the ethos of the home was put into practice. People told us they felt at home and were able to make choices and follow their own routines. Staff told us how important they thought it was to know people well and enable them to maintain their independence where possible. One member of staff said "It's about knowing the whole person and what they want to do. We fit into whatever routines people have."

People always had access to skilled and experienced staff and the duty rota showed who was in charge each day. Staff told us the owners were always available day and night to offer advice and support. One member of staff said "I feel really well supported and we always know what is expected of us."

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks to monitor safety and quality of care. There were risk assessments for the environment and equipment was serviced regularly in accordance with the risk assessments in place. Where shortfalls in the service had been identified action had been taken to improve practice. For example when medication errors had occurred these had been addressed with staff.

All accidents and incidents which occurred in the home were recorded and analysed. The last audit identified an increase in falls at night. The registered manager had made staff aware the National Institute for Health and Care Excellence (NICE) guidelines on falls prevention. They had also ensured all staff completed on line training available from the local ambulance trust. Where people were shown to be at high risk of falls they had consulted with them, and put in place, appropriate equipment to minimise risks.

The owners carried out an annual satisfaction survey to gauge people views and ensure any changes made were in line with people's wishes. The last survey showed a high level of satisfaction with the service provided with many people commenting positively on the friendliness of staff and the cleanliness of the home.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.