

Compton Manor Limited

Compton Manor Residential Care Home

Inspection report

Compton Road
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Coventry
Warwickshire
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Compton Manor is a residential care home providing personal care to up to 38 people. The service provides support to older people and younger adults, some of whom have diagnoses of dementia. At the time of our inspection there were 35 people using the service.

People's experience of using this service and what we found

There was a friendly atmosphere in the home and staff supported people in a kind and caring way that took account of their individual needs and preferences. People and their families were supported to express their views and be involved in making decisions about their care and support.

People and relatives spoke positively about the service and told us improvements had been made since our last inspection. People were protected from the risk of avoidable harm. Medicines were managed safely. The risks to people's safety and wellbeing had been identified, assessed, and managed. Accidents and incidents were investigated and information about these was shared with the local authority. There were procedures in place for preventing and controlling infection, and the staff followed these. Staff were recruited safely, and robust pre-employment checks were completed.

People were supported by staff who had regular training to gain the skills and knowledge necessary to provide effective care. Staff skills and knowledge were reviewed through regular supervision and competency checks. People ate a diet based on their individual preferences and requirements. People had good support to access the healthcare services they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to undertake activities of their choice and told us they enjoyed these. Staff engaged well with people to find out what they wanted to do. Staff understood and respected people's individual cultural, religious, and spiritual needs.

Staff told us they that they enjoyed working there and felt supported by the registered manager and provider. The provider and registered manager were promoting an open, empowering, and inclusive culture within the service. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support, but these processes required more time to become fully embedded in the service. The registered manager took prompt action when any areas for improvement were identified.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 April 2022).

At our last inspection we found breaches of the regulations in relation to the assessment of risks to individuals, the safety of the environment of the home, the governance of the service and the providers statement of purpose was not up to date. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve and provided us with monthly updates.

At this inspection we found improvements had been made and the provider was now meeting these regulations.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Compton Manor Residential Care Home

Detailed findings

Background to this inspection

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Compton Manor is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since their previous inspection. This included any significant incidents that occurred at the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We visited the service on 02 March 2023. During our inspection visit we spoke with 5 people who used the service and 3 relatives. We spoke with the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the care coordinator, the chef, and three members of care staff. We spoke with three health and social care professional who was visiting the service at the time of the inspection.

We reviewed a range of records including care and support plans for 4 people. We looked at recruitment records for 3 members of staff. We reviewed records relating to staff training, medicine administration and management and the management of the service, including quality assurance audits, building audits. We also looked at records relating to accident and incidents and complaints.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people were safe and protected from avoidable harm.

At our last inspection we found the provider had not ensured risk associated with people's care, the environment and infection prevention and control were consistently identified, assessed, and mitigated. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, such as falling, choking, or developing pressure areas on their skin, and actions taken to minimise the risk were recorded. Staff showed awareness of assessed risk in people's care and day to day activities.
- The service worked with external professionals to identify and mitigate potential risks to people. A healthcare professional told us "I have been coming in since June 2022 and I have only ever seen positive care. I have never had any concerns to raise. [The registered manager] is always my first point of contact, she knows the residents well and is quick to raise any medical concerns."
- A range of systems and processes were in place to identify and manage environmental risks. This included maintenance checks of the home and equipment and regular health and safety audits.

Systems and processes to safeguard people from the risk from abuse

- People were protected from the risk of abuse. They told us they felt safe living at the service. One person told us "Very safe yes. They give you the care you need. If you have a problem, they sort it." A second person told us, "I feel safe it's the way things are. The staff are all very good they don't rush me at all, they never shout."
- There was a safeguarding policy and procedures in place and staff were aware of these. The provider worked with the local authority to report and investigate any safeguarding concerns.
- Care staff we spoke with confirmed they had received safeguarding adults training. They were able to describe signs of abuse and understood their duty of care to report concerns.

Staffing and recruitment

- There were enough staff to support people. One person told us "They come quickly when I ring the bell" and a relative said, "They've got plenty of staff. I have been at weekends it doesn't seem any different in numbers of staff."
- Observations throughout the inspection showed that there were enough staff on duty to meet people's needs in a timely manner.
- Recruitment procedures were safe. Appropriate pre-employment checks, including Disclosure and Barring Service (DBS) checks were carried out. DBS checks provide information including details about convictions

and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed well and people received these safely and as prescribed.
- The provider had a system for medicines to be ordered, stored, and disposed of safely.
- People were safely supported to take their medicines by staff whose competency was regularly assessed.
- The senior staff undertook regular audits of medicines to help identify and address any issues

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions in place for people to be visited by their families and friends and people told us they saw their loved ones when they wanted to.
- There were notices on display in relation to good hygiene practices and infection prevention control. There were face masks and alcohol gel available for all visitors.
- Staff supported people to remain in contact with friends and family who were unable to visit regularly due to distance.

Learning lessons when things go wrong

- There was a culture of learning when things had gone wrong. The management team had reflected on past situations when they could have acted differently. They described the things they had learned and put in place to help minimise the same happening again.
- Staff knew how to respond to and report any accidents and incidents. All significant events were reviewed and analysed by the registered manager. Any patterns or trends were identified, and action taken to reduce the chance of the same things from reoccurring.
- Lessons learned were shared with the staff team.

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.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant 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

- People's needs, and choices were assessed prior to receiving support. Information from the local authority, people and their relatives were used to develop care plans and risk assessments.
- Assessment and care planning documents were designed to be compliant with regulations and guidance.

Staff support, training, skills, and experience

- Staff were suitably trained and supported to carry out their duties effectively.
- Records showed staff had completed mandatory training. Staff were offered other training and development opportunities.
- Staff said they felt their training was good and they could request extra specific training if they thought they needed it.
- Staff received support and guidance through regular supervision sessions and competency checks by senior staff or the registered manager.

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

- People's needs and preferences around eating, and drinking were assessed and documented. Staff were aware of people's needs. The chef had details of people's needs and preferences. Alternative food options were offered to people if required.
- People were complimentary about the quality of the food and the options available. One person told us "I like the food too much! The lasagne was excellent today." A second person explained "I'm a very fussy eater if I don't like what's on offer, they give me what I would like." A relative told us how the chef had learnt to make meals which were part of their family member's culture and which they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other organisations and services to promote people's health and wellbeing. Records showed effective liaison with other health and social care professionals, like GPs, pharmacies, and the local authority.
- A healthcare professional told us "They [staff] are very receptive to anything I suggest and will ask why. They are keen to understand the rationale and to learn and to take on board my recommendations."

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

- The home was designed to meet people's needs.

- There was an ongoing programme of refurbishment. There were suitable adaptations to meet the needs of people with a physical disability.
- There were different spaces people could use to be alone, with a visitor or in a group. People were able to move around freely.
- There was a lift available and a courtyard for people to use.
- People had personal items, for example, family photographs and televisions, in their bedrooms

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Care plans contained capacity assessments and consent agreements in relation to a range of aspects of care, which showed people and their legal representatives were involved in decisions made about the support they received.
- Staff received training in the MCA and demonstrated their knowledge of the main principles, as well as their understanding of least restrictive interventions and practice.

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.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives confirmed staff were kind and caring. One person told us "They [staff] are very respectful and kind, they know what I like." A relative said, "Even the cleaners are very kind and helpful!"
- We observed a relaxed atmosphere in the home. Staff communicated well with people and promoted an inclusive, supportive environment. Staff knew the people they supported well and had developed positive caring relationships with them. Staff took time to listen and acted on what people said.
- People's care plans focused on them as individuals, with sections on their likes, dislikes, interests, hobbies, aspirations, and cultural and religious requirements. This provided care staff with the information needed to provide personalised care.

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

- The registered manager ensured people and their relatives were able to express their views and were involved in decisions about their care. These views were used to create care plans and guidance for how they wanted to be supported by staff.
- Each person was 'resident of the day' once a month, when staff reviewed the person's overall care and support with them.

Respecting and promoting people's privacy, dignity, and independence

- People told us staff treated them with dignity and respect. One person told us "They [staff] treat me very nicely, very much so. Because I'm in pain when they get me up, they know I prefer to have a bed bath at the moment." The person went on to explain how staff provided this care in a way which maintained their dignity.
- Care plans included individual preferences and how staff were able to support people's independence.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were recorded and met. People and relatives, we spoke with said they were happy with the service and the care received.
- Staff had a good understanding of the wishes of people, and they were supported according to their preferences. Care plans contained information of people's likes and needs, in relation to food, culture and activities
- The provider had policies and procedures relating to equality and diversity which were reviewed annually, and staff received regular training in relation to this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plan and mostly met. People who lived at the service had a variety of cultural backgrounds and spoke different languages. We observed staff were on each shift who spoke the same first language as people. This meant people were able to communicate easily and were understood.
- People's care plans contained information about their individual needs in relation to communication and how best to support them.
- The registered manager informed us they would provide support including, for example, transcribing speech to text, producing materials in large print or obtaining it in braille when this was necessary.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People were supported to undertake activities they liked, and these were recorded in their care plans.
- The provider employed an activity coordinator who were enthusiastic and involved people in choosing what they wanted to do. For example, some people liked to read a daily newspaper and received these each morning and the activity coordinator told us people enjoyed the regular "film days" which were themed and made into a cinema style experience with popcorn and drinks.

Improving care quality in response to complaints or concerns

- Complaints and informal concerns, together with actions taken in response, were recorded and feedback

was given to the complainant.

- Learning points from any complaints or concerns were shared with staff to make improvements within the service.

End of life care and support

- There was no-one receiving end of life care at the time of this inspection. The service worked with the community nursing team in relation to end of life care when needed.
- People's end of life wishes, and any advance decisions and arrangements were recorded in their care plans. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

Leaders and the culture they created had improved to support the delivery of high-quality, person-centred care. However, we found the service required more time for these changes to be consistently embedded.

At our last inspection we found the provider had not ensured they had effective systems in place to assess, monitor and continually improve the quality and safety of the service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

At our last inspection we found the provider had failed to submit an updated statement of purpose within 28 days of changes being made to the management of the service. This was a breach of (Schedule 3) Statement of Purpose of the Care Quality Commission Registration Regulations 2009. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

- Management quality assurance checks of key areas of the service had been completed but they had not always identified areas of improvement found during our inspection. We identified two, wide opening windows leading to the courtyard did not have restrictors fitted. This meant there was a risk of harm if a person fell through the opened window.
- Quality assurance audits had not identified instructions in a care plan were consistent about how often a person was required to be repositioned. This meant staff did not have clear guidance available to support the person.
- Information in the emergency evacuation "grab bag" contained information of a person who had been admitted to hospital. This could result in confusion to staff or emergency services in the event of an emergency.
- The registered manager was responsive to issues raised during the inspection. Immediate action was taken, and issues were quickly resolved.
- The registered manager and staff understood their roles and responsibilities. Unannounced visits were completed during out of office hours to ensure people's continual quality of care.
- People and relatives told us there had been improvements made in the service since our last inspection. A person described the registered manager as "A breath of fresh air" and "She doesn't stop working, trying to make things better here."
- Staff told us that they enjoyed working at the service. Staff said they would notify the registered manager

of any safeguarding concerns or would go to the local authority if required.

- The registered manager had measures in place to ensure continued learning and improvement of care.
- Meetings were held for staff where concerns could be discussed and addressed.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt the care home was very well run. They confirmed the service communicated well with them and kept them informed of any changes. People and relatives knew who the registered manager was and felt they could approach them about anything. A person told us "I think it's very well managed. The manager has got time for everybody." Another person told us "For me it's well managed. I get on with [registered manager]. She's a good manager." A relative told us "From my experience it is well managed. I think [registered manager] is amazing."
- Staff spoke positively about the supportive leadership and culture within the service. A member of staff told us how the registered manager had made adjustments to support their disability and how this had improved their confidence. Another member of staff told us "This is the best home I have worked in with the best management team I've had." They went on to say about the registered manager "They are open and honest they just want the best for this home. They really, really care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware of the duty of candour and when to notify CQC of specific incidents affecting the health, safety and welfare of people using the service.

Working in partnership with others

- The provider worked in partnership with a variety of agencies such as social care professionals to ensure people's needs were met. This included the local pharmacy, chiropodists, and district nurses.
- The registered manager worked closely with the local authority and social workers to achieve good outcomes for people.