

Compton Manor Limited

Compton Manor Residential Care Home

Inspection report

Compton Road
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Compton Manor Residential Care Home provides accommodation and personal care for up to 38 older people, including people who live with dementia. At the time of our visit 25 people lived at the home and one person was in hospital. Accommodation is provided in an adapted building across two floors, with communal areas on the ground floor.

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

People felt safe. However, individual and environmental risk was not consistently assessed and well-managed. This demonstrated lessons had not always been learnt. Some areas of medicine management required further improvement. Procedures were in place to keep people safe and staff understood their responsibilities to protect people. Staff were recruited safely and there were enough staff on duty to meet people's needs.

The provider had not taken the action needed to ensure compliance with the regulations. Despite the introduction of structured quality audits and checks, issues we found had not been identified. The prevention and control of infection was not always managed safely and in line with government guidance. The manager had developed positive working relationships with staff and other professionals and demonstrated their commitment and determination to drive improvement. Relatives and staff felt positive change was taking place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 06 September 2021) and there were breaches of regulation. Conditions were imposed on the provider's registration which required them to provide us with monthly reports on how they were meeting the regulations. At this inspection not enough improvement had been made. The imposed conditions remain in place and the provider continues to be in breach of three regulations.

This service has been in special measures since 06 September 2021. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 28 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Compton Manor Residential Care Home on our website at www.cqc.org.uk.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to risk management, the prevention and control of infection and how the service is managed at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to require a monthly action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Compton Manor Residential Care Home

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. 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 undertaken by two 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 Residential Care Home is care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Compton Manor Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A new manager had started work at the service in 2021 and had submitted an application to register with us. When registered, this means they, together with the provider, are legally responsible for how the service is run and for the quality and safety of the care provided with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority 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 with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people and two relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, the manager, a team leader, care staff, the cook and the housekeeper. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including five people's care and medication records and three staff files in relation to recruitment and support. We also reviewed a range of records relating to the management of the service, including the provider's Statement of Purpose (SoP), quality and safety audits and checks and the provider's policies and procedures. A SoP is a legally required document that includes information about the service.

After the inspection

We continued to seek clarification from the manager to validate evidence found and looked at training data.



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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider's systems and processes were not sufficient to demonstrate risk associated with people's care and the environment was well managed. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Previously, risks associated with people's care and the environment, including fire safety had not been assessed or well-managed. Some improvements had been made. However, further improvement was needed to demonstrate people consistently received safe care.
- Risk assessments did not always contain the information staff needed to provide safe care. One person's falls risk assessment informed staff 'to 'monitor' the person. No further information was available to help staff manage and mitigate the risk to keep the person safe.
- Known risks were not always assessed. One person was at risk of choking but a risk assessment had not been completed to help staff manage a choking emergency.
- Wardrobes in some people's bedrooms had not been secured to the wall. This put people at risk as the wardrobes could topple over and cause serious injuries.

We found no evidence that people had been harmed however systems to assess, monitor and mitigate individual and environmental risks to the health, safety and welfare of people using the service were not effective. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the manager confirmed action had been taken to address the risk management concerns we had identified to improve safety.

- In contrast other risk assessments were detailed and had been reviewed. One person's risk assessment informed staff of the changes in the person's physical appearance which indicated they were having an epileptic seizure and detailed when staff should contact the emergency services.
- In response to our feedback the manager gave assurance further information would be added to people's risk assessments to help staff provide safe care. Information we received following our visit confirmed this work was in progress.

- The management of fire safety had improved. Staff had completed fire safety training and priority actions identified during an external fire safety risk assessment in March 2021 had been completed.
- Accidents and incidents including people's falls were reviewed monthly to identify patterns or trends. The manager used this information to reduce the risk of reoccurrence.

Preventing and controlling infection

At our last inspection the provider had failed to follow government guidance to ensure risks associated with the prevention and control of infection were effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 12.

- We were somewhat assured that the provider was admitting people safely to the service. Whilst COVID-19 risk assessments had been completed for three people admitted into the home during February 2022 COVID-19 testing requirements in line with government guidance had not been followed. The provider was unable to evidence those people had taken a COVID-19 test within 72 hours prior to their admission. The manager told us only verbal confirmation of those tests had been sought.
- We were somewhat assured that the provider was using PPE effectively and safely. During our visit some staff were observed to be wearing their face masks below their noses on several occasions and two staff members, including a team leader were observed working with their face masks located under their chins. This was unsafe practice.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Records to evidence the cleaning of high touch points did not document the times the cleaning had taken place or demonstrate cleaning had been completed three times a day in line with the provider's expectations. In addition, no domestic staff were on duty between 14.00 and 07.30 am which meant high touch points were not cleaned during these times.

We found no evidence that people had been harmed however government guidance was not followed to ensure risk associated with the prevention and control of infection was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

Visiting in care homes

- The provider facilitated visits for people living in the home in accordance with current guidance.

Using medicines safely

- The management of medicines had improved since our last inspection. However, more needed to be done to ensure prescribed creams and 'as required' medicines were consistently managed in line with the provider's policy. Immediate action was taken to address this.

- People received their medicines as prescribed. One person said, "They [staff] bring it to me and watch me take it."
- Staff completed training in safe medicines management and their competency to administer medicines safely had been assessed.
- Processes were in place for the timely ordering, supply and safe disposal of medicines.

Systems and processes to safeguard people from the risk of abuse

- Despite our findings people felt safe. One person explained they felt safe because 'everyone was so nice.'
- Staff demonstrated a good understanding of the different types of abuse people might experience and their responsibilities to report any concerns. One staff member said, "I would tell [manager] straight away. I know they would take action. I can also phone CQC or the police."
- The manager understood their legal responsibilities to keep people safe, including when to share information with the local authority and CQC as required to ensure any concerns were investigated.

Staffing and recruitment

- People shared mixed feedback when we asked them about the numbers and availability of staff. One person said, "They [staff] pop in to check I am ok." Another person told us they were happy with the staffing levels during the day but not during the night because they had to wait for assistance.
- Enough staff were on duty during our visit to provide safe care and staff told us staffing levels had improved since our last inspection. One staff member said, "The manager listened to us and now we have an extra member of staff at busy times."
- Previously, the provider was not able to demonstrate staff had been recruited in line with their procedure. Records reviewed at this inspection confirmed improvements had been made because staff had been recruited safely.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to provide CQC with an up to date Statement of Purpose (SoP) following changes to the homes management structure as required by the regulations. A SoP is a legally required document that includes information about the service. This was a breach of the Care Quality Commission (Registration) Regulations 2009 12: Statement of purpose.

Not enough improvement had been made at this inspection and the provider was still in breach of the Care Quality Commission (Registration) Regulations 2009 12.

- At our inspections in March 2018 and June 2021 the provider's SoP had not been updated to reflect service changes and an updated version of the document had not been submitted to CQC as required by the regulations. The provider's improvement plan submitted to CQC in February 2022 confirmed an up to date SoP had been submitted. Our inspection findings confirmed this was not correct. This repeated failure demonstrated lessons had not been learned.

We found no evidence that people had been harmed however the provider's lack of understanding of their registration conditions was a continued breach of the Care Quality Commission (Registration) Regulations 2009 12: Statement of purpose.

- Following our inspection visit the provider submitted an updated SoP to us.

At our last inspection the provider's lack of oversight and ineffective quality monitoring systems placed people at risk. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17

- Our inspection findings demonstrated the provider had failed to take enough action to address the regulatory breaches and concerns we identified at the last inspection to ensure people consistently received high quality, safe care.

- Despite the introduction of structured management audits, concerns we identified in relation to individual and environmental risk management and infection prevention and control had not been identified.
- The provider had not identified some of their auditing processes were not effective. For example, health and safety audits did not include the requirement to check wardrobes were secured to the wall. Therefore, this risk had remained and opportunities to improve safety had been missed.
- Improvements made by the provider and manager to ensure COVID-19 national guidance was followed during the Coronavirus pandemic had not been consistently followed by staff to keep people and staff as safe as possible.

We found no evidence that people had been harmed. However, the provider had failed to make improvements to the service and comply with regulations. Service oversight and governance systems were not consistently effective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had updated their policies and procedures to reflect current guidance and best practice.
- Action had been taken to address the outstanding fire safety concerns identified in March 2021.

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; Working in partnership with others

- The provider and manager understood their responsibility to be open and honest when things went wrong.
- The latest CQC inspection rating was on display in the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.
- The manager had developed positive working relationships with health and social care professionals to promote people's health and well-being. The manager commented, "They know I have a real willingness to work with them. I review and action any feedback. I want to get it right."

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

- The manager promoted an open and inclusive culture which sought the views of people, relatives and staff. Feedback gathered had been used to drive forward improvement. For example, the provider's complaints procedure was displayed around the home in response to feedback about the need to improve availability and accessibility.
- Without exception people, relatives and staff spoken highly of the manager. Comments included, "The manager has high standards. She is making progress. We are supporting her 100%." "[Compton Manor] is now well managed" and, "The manager has improved things since you [CQC] last came. She is determined to make everything right."
- Staff felt supported and enjoyed working at the home. One said, "Really friendly place. Happy staff equals happy residents. We want to come to work." They added, "I would let someone I love live here."
- Discussion with the manager demonstrated their commitment and determination to continue to make and embed positive change to benefit people. They said, "We are on a journey out of where we have been. We have made vast improvements. I am proud of the faith I have been able to give back to families and trust I've built with staff."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose The provider had failed to submit an updated statement of purpose within 28 days of changes being made to the management of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (2) (a) (b) (d) (h) HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured risk associated with people's care was consistently identified, assessed and mitigated. The provider had not ensured all risks associated with the environment was identified, assessed and mitigated. The provider had not ensured all risks associated with the prevention and control of infection was managed in line with current government guidance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) HSCA RA Regulations 2014. Good governance 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.

The provider had not ensured, they had systems and processes in place to identify and assess risk to the health, safety and welfare of people who use the service.