

Central and Cecil Housing Trust

Compton Lodge

Inspection report

7 Harley Road
London
NW3 3BX

Tel: 02077221280
Website: www.ccht.org.uk

Date of inspection visit:
15 November 2019
19 November 2019

Date of publication:
01 January 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Compton Lodge is a residential home providing care for up to 32 older people. There were 27 people living at the home at the time of this inspection. Each person had their own room and shared communal facilities which provided people with ample space in different lounge and dining areas, as well as in the garden.

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

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 kept safe from harm and if any concerns about people's wellbeing arose the service took the necessary steps to respond. Staff we spoke with were able to describe what they did to minimise the risks that people faced and liaised appropriately with other health and social care professionals to achieve this.

The service understood people's needs and made detailed plans of people's care. The care provided was agreed in consultation with people using the service and, if relevant, their families.

Staff were caring. People we spoke with told us this and we observed many positive caring interactions between people using the service, their relatives and staff. People were supported to have choice in their daily 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 treated with dignity and respect by staff working at the home.

The way in which the service operated was kept under review by the provider had improved. Lessons had been learnt since our previous focused inspection, in particular about monitoring the performance around the safe use of medicines.

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 Requires Improvement as a result of a focused unannounced inspection (Inspection report published on 8 February 2019). At our previous unannounced focused inspection in September 2018 there had been concern about people not always receiving their medicines in a safe way as errors were being made and these had not been identified. Lessons learnt from previous incidents was not suitably evidenced as occasional mistakes had still been made in connection with medicines. At this inspection the provider was able to demonstrate that lessons had been learnt and action had been taken to minimise the potential for further medicines errors and the service had improved to Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Compton Lodge

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 Care Act 2014.

Inspection team

This comprehensive inspection took place on 15 and 19 November 2019 and was unannounced. The inspection team consisted of one inspector and one 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 Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and a relative about their experience of the care provided.

We spoke with five members of staff. We also spoke with the registered manager, deputy manager, operations manager and head of care.

We reviewed a range of records. This included five care records and multiple medicines records. We looked at four care staff recruitment records, staff supervision and training. We also viewed records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff supervision, training data and a range of quality assurance records. The service also provided us with information to support the evidence found during the inspection.

Is the service safe?

Our findings

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

At the last focused inspection in September 2018 this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last focused inspection there had been concern about medicines instructions not being adhered to. Since that time the provider had made improvements.
- A medicines policy had been developed and a different pharmacy had replaced the previous medicines provider. This had resulted in less potential for errors and more clarity of medicines handling and administration procedures.
- Three people we spoke with told us they received their medicines regularly. A visitor told us their relative received their medicines at the correct time.
- Senior care staff received medicines training and their competency was assessed before they administered medicines. Competency was reviewed to ensure that senior care staff remained knowledgeable and carried out medicines' administration safely.
- Medicines administration records showed that people received their medicines as prescribed.
- During our inspection we observed a senior care worker administering medicines. This was carried out safely and time was taken to ensure that the correct medicine was provided in the most appropriate way to the correct person for whom the medicine was prescribed.

Systems and processes to safeguard people from the risk of abuse

- The provider took all reasonable steps to minimise the risk of harm or abuse of people. There were detailed and suitable procedures in place for management and the staff team to minimise the risk of abuse.
- A person living at the home told us "At home, in my flat I would fall. Here there is 24/7 cover."
- The provider took necessary steps to minimise the risk of harm or abuse of people. The management and staff at the service knew what they should do to minimise risk of harm. They were also able to describe the action they took if anyone was believed to have been harmed.
- Staff had access to a detailed policy and procedure for safeguarding vulnerable adults from abuse.
- Staff told us that they had regular training about safeguarding people, which training records confirmed. Staff we spoke with were able to describe how they would raise a safeguarding concern. Staff knew how to report concerns, for example other senior staff, the manager or area manager of the provider.

Assessing risk, safety monitoring and management

- The registered manager and staff took all reasonable steps to assess, understand and monitor potential risks that people faced in their day to day life. These potential risks could be related to day to day living, deteriorating or newly emerging healthcare needs, activities and people going outside the home without anyone accompanying them.

- Records showed that potential risks people faced were considered and assessed when people first came to the service. These risks were then regularly considered as a part of the monthly care plan evaluation.
- An example of the action taken to respond to risk was about a recent event where a person had left the home, having followed visitors out of the electronically controlled front gate. The service had asked all visitors to check if people living at the home were following them out and verify it was safe for them to do so.

Staffing and recruitment

- People and relatives didn't make specific comments about numbers of staff but in other comments told us that staff were available and responded to people.
- The provider used effective procedures when recruiting staff to minimise the risk of employing unsuitable staff to support vulnerable people.
- We looked at the recruitment records of four staff. The recruitment record contained the necessary background information which included proof of identity, criminal records checks and confirmation that each staff member was eligible to work in the UK.
- Our review of staff rotas showed that staff were deployed in suitable numbers around the home. There was also suitable catering, domestic and administrative support provided.

Preventing and controlling infection

- People were protected from the risk of infections. The home was clean. Regular checks of the cleanliness of the home were carried out. The staff team took the necessary steps to minimise the potential risk of infections spreading between people. Staff received infection control training.
- Disposable personal protective clothing including gloves were available. These were readily available for staff to use as needed.

Learning lessons when things go wrong

- Staff we spoke with knew what they should do to respond, and report concerns about people's welfare. Systems were in place to monitor and review any incidents, near misses or other welfare concerns to ensure that people were safe.
- People's risk assessments and care plans were reviewed monthly. These were updated sooner if there were any concerns arising from an incident or identified changes to people's immediate care and support needs.

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 the last focused inspection in September 2018 this key question was rated as Good. At this inspection this key question has remained the same. This meant that 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 in line with current legislation and guidance in a way that provided staff with the information they needed to help to prevent discrimination. Details about people's cultural, religious, disability, age, relationship needs and personal preferences were included in people's care plans.
- People using the service told us "The staff are very good" and "The staff are pleasant enough. Everything is alright as far as I can see."
- A relative told us "We can't speak highly enough about the carers, they are very kind and take very good care."

Staff support: induction, training, skills and experience

- The provider offered all staff suitable support, induction and training to undertake their work and ensure they had the necessary skills to care for people.
- The provider operated effective staff induction procedures which was confirmed by staff we spoke with. The induction procedure was in line with the care certificate, which is a national set of standards for the training and competency of staff working in public care. This then leads to an award of the care certificate upon successful completion of the induction programme.
- Staff told us "I finished the Care certificate as a part of my induction" and "We have to renew some training every year and we do this online or visiting the headquarters to do training in groups."
- Care staff we spoke with confirmed they received regular supervision. Staff supervision covered areas including the needs of people using the service, training and professional development and day to day staff employment matters.
- The staff training matrix we viewed showed that refresher training was identified, and timescales were listed for updating training as required and compliance with training requirements was monitored. Staff we spoke with told us about having access to regular training that was relevant to their work.

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

- People were provided with a varied diet. The chef rotated a seasonal menu and choices were available. People could have a cooked breakfast every day if they wished to.
- Two people using the service told us "The fish was lovely; the chips were nice" and "I cannot stomach liver. When that is on the menu they bring something else."
- We observed people's mealtime experience at lunchtime. People could choose to eat in the dining room, in their own bedroom or in the lounge if they wished. People were offered choice by care staff at the time

that meals were served.

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

- There was a monthly multi-disciplinary team meeting involving the GP practice. People's health was discussed and changes to people's healthcare needs were considered.
- Care plans showed that the service had positive relationships with other health and social care professionals which benefitted people using the service.

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

- The facilities in the home were suitable for people using the service. People's own rooms were decorated and furnished in the way that people individually preferred.
- There was ample accessible space for people to use and to engage in communal activities, to socialise and to have private space to receive family and friends.

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

- Compton Lodge ensured the information about people's current physical health was up to date and shared with health care professionals, an example of which we saw on the second day of our inspection. The deputy manager and manager checked how people had been each morning.
- People were supported to use community healthcare services as and when necessary. Each person was registered with a GP, usually the most local but people could maintain registration with their own GP further away if this was possible. The home also had community healthcare professionals, including community nurses, visiting to see people as they needed.
- The provider had a strategy for promoting oral healthcare and people told us how staff helped them.

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

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

People can only be deprived of their liberty to receive care and treatment 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff were clear about the responsibilities of the service to comply with the MCA and DoLS legislative requirements. DoLS authorisations had been obtained for the five people that required this restriction to be in place. The service was complying with the conditions, for example people not going out alone unescorted.
- Best interest decisions were considered. The home did not automatically presume that people lacked capacity to make any decisions and staff consulted with people about day to day choices they were able to make.
- The registered manager and all other care staff we spoke with understood their responsibilities under the legislation about decision making and deprivation of liberty in the best interests of the people they supported.

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 the last comprehensive inspection in January 2018 this key question was rated as Good. At this inspection this key question has remained the same. 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 using the service told us "Lovely [staff] here", "I get on very well with the [staff]" and "They help me with my legs. I can't walk on my own."
- We observed that staff, whatever their role, were courteous to people and respectful of the right of people to be offered choices and to have these respected.
- People's care plans included a section entitled "My life Story". This described people's heritage, experience of childhood, life experience as an adult and who mattered most to them. People could freely choose what they wanted to include, or not, about their heritage and life experiences.
- Staff we spoke with understood the importance of respecting people's differences and offering personalised support.

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

- Staff we spoke with knew people's individual routines, likes, dislikes and how each person preferred to be supported. During the inspection we observed staff regularly engaged with people, asking them how they were and if they needed anything.
- Personalised care plans detailed the day to day decisions people were able to make and where they needed support. For example, during the inspection we saw that people and relatives told us that they were able to make choices about what they wanted.

Respecting and promoting people's privacy, dignity and independence

- During the inspection people who needed support with their personal care had their privacy respected. If people preferred to spend time alone they could do so and were not expected to spend time in another person's company if they didn't want to.
- People's care records and other confidential information were stored securely and in line with legislation.
- Staff knew about the importance of respecting confidentiality and not speaking about people to anyone unless they were involved in their care and had the person's permission to do so.

Is the service responsive?

Our findings

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

At the last comprehensive inspection in January 2018 this key question was rated as Good. At this inspection this key question has remained the same. 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 using the service told us, "I mainly listen to music. My eyesight is worse. I used to read" and "It's very nice. We're free. We can go for a walk in the garden."
- Care plans showed that people and where relevant, their relatives, were fully involved in decisions to do with their care. People received personalised care and support. People's care plans reflected people's wishes, goals and what was important to them. Staff knew people very well.
- Care staff we spoke with were easily able to tell us about the people they cared for each person. Staff we spoke with did this without needing to look at care notes and could readily tell us about people.
- Staff understood people's emotional support needs. Care plans included guidance for staff to follow to provide people with the support they needed. We saw staff engaging in warm and affectionate interactions with people during our visits to the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A small number of people using this service received publicly funded care. The provider had a detailed policy for staff to follow which was in line with achieving the requirements of the accessible communication standard and could provide information in the most appropriate way for people.

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

- People were supported to maintain and develop friendships and relationships with people who mattered to them.
- People's independence was promoted. During our inspection people were being supported to engage in activities. A visitor told us they thought more could be done for their relative living at the home and referred to a musician that used to visit. The registered manager told us they were looking for another musician to visit as music was one of the favourite pastimes for many people using the service. People went out to theatres on occasions and recently a ballet company had visited to give a performance.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was provided to people when they started using the service

and information was also readily available around the home.

- The provider had systems in place for monitoring of complaints. Historically the home received very few complaints and had received none in the last year. We were shown a number of letters, cards and e mails from people complimenting the staff and management of the home for how well they cared for people.

End of life care and support

- The service was involved in providing end of life care on an occasional basis, although no-one using the service at the time of this inspection was receiving end of life care. The guidelines and procedures in place to respect and involve people, and their families, with end of life care decisions were clear.
- The guidelines for end of life care were designed around supporting a dignified death for the person as well as supporting their relatives.
- A member of staff told us, "I have come to terms with people passing away, there is good support here."

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 focused inspection in September 2018 this key question was rated as Requires Improvement. At this inspection this key question had improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection there had been concerns about medicines management as occasional errors had been made and these had not been identified quickly enough. At this inspection improvements had been made as changes to the medicines management and oversight had been implemented to minimise the risk of recurrence.
- Audits to monitor the service and experiences of people were carried out. These included checks of health and safety, accidents, medicines, incidents, complaints, people's and staff documentation. Examples of audits that we viewed showed these looked at the wide range of areas of operation. They considered direct care experiences of people, including people having falls and being at risk of pressure ulcers.
- The registered manager, deputy manager, senior staff and care staff were clear about their roles and responsibilities. The staff team were, and they told us, included in contributing to the service and how it performed, and their views were listened to.
- Staff felt well supported. They told us the registered manager, deputy manager and senior colleagues were approachable and listened to them.
- Staff meetings, handovers and supervision meetings were used to share information about people and the service. Best practice, lessons learnt and changes to do with the service were also shared with staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service told us "I'm doing well with it [meaning since they came to live at the home] and "I love it here. It feels like a home."
- Staff knew people very well and supported and encouraged people to lead the life they wanted. People's wellbeing was central to the service and this was evident in how people's care and support was planned.

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 manager was fully aware they were legally required to report to CQC, any event which affected the running of the service, DoLS authorisations and significant incidents.
- The registered manager and other staff knew when they needed to inform relevant professionals including the local authority safeguarding team of incidents and other significant events.
- Staff told us that they were encouraged to share any concerns they had about the service. Staff believed they were listened to and that action was taken and had confidence that any emerging issues were

responded to.

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

- Communication between people, their families and staff was good and the conversations we observed with people and their relatives was engaging and staff were approachable and listened to what people wanted to say.
- Meetings between people using the service, relatives and staff took place as well as social events. Written surveys were also carried out and usually the feedback received was positive.

Continuous learning and improving care

- Staff told us that they were committed to ensuring people received personalised care and had the best possible outcomes that they could. They told us "We work very hard to do well" and "Sometimes it can be hectic but (registered manager] is very supportive and helpful. She listens and tries to help to resolve things."
- There was good communication and continuous learning at the home. The registered manager and deputy manager kept up-to-date with best practice and information was shared with staff.

Working in partnership with others

- The home liaised appropriately with other health and social care professionals to ensure that people's needs were met.
- Care staff had sought advice and guidance from senior colleagues and healthcare professionals where there were any concerns about a person's wellbeing. When people's needs changed this was responded to.