Compass Care Homes Limited

Compass Care - South Park

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Compass Care South Park 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 provider also operates a domiciliary care service for people who live in the Bradford area.

Compass Care South Park provides accommodation and personal care for up to 10 people with learning disabilities. The accommodation is based in two adjoining dormer bungalows close to Huddersfield town centre. There were 10 people living there at the time of the inspection. The domiciliary care service offers care to people who live in the Bradford area and there were three people using this service.

The last inspection was in September 2015 and the service was rated 'good' at that time. At this inspection we found there were two breaches of the regulations, in relation to people's safe care and treatment, and good governance.

There was 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.

Staff knew how to identify and report any concerns and risk management plans for individuals were detailed. However, we had concerns about the premises and some equipment; some aspects were in need of attention to ensure infection prevention measures were adequate and for people's safety.

Staff were well supported through regular training and supervision, and there was effective teamwork and communication to meet people's needs.

People said they enjoyed the meals, but the mealtime experience needed to be improved for people. People had individual choices, although there was limited opportunity for mealtimes to be a sociable occasion.

Staff respected people's rights, wishes and choices and there was consultation with people about their care and support. Staff understood the legislation regarding people's mental capacity and human rights.

People were treated with respect and staff were considerate about people's dignity and privacy.

Care records were person centred and shared with people where possible. There was evidence of some activities, although these were not always purposeful for people when indoors. One person spent long periods in their chair and some people sat passively with nothing to do.

The service had a very visible management team who knew people well and were actively involved in their care alongside support staff. Audits of quality were in place although these were not all robust enough to identify some areas highlighted at the inspection.

There were breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, regulations 12, safe care and treatment and 17, good governance.
You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks within the environment were not always assessed thoroughly or sufficient measures put in place to keep people safe within the home.

Medicines were managed appropriately, although recording was not always clear.

Accidents and incidents were recorded and analysed well.

Is the service effective?

Requires Improvement

The service was not always effective.

The environment was not fully supportive of people's mobility needs to support their independence.

Staff were supported appropriately through teamwork, training and supervision.

The organisation of mealtimes did not ensure people were fully supported to have a balanced diet that promotes healthy eating.

Is the service caring?

Good

The service was caring.

Staff were kind and patient in their approach.

Staff understood people's rights for privacy and dignity and promoted this in daily practice.

Relatives were made to feel welcome when they visited the home.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Although there was evidence activities took place from time to time, we saw some people lacked purpose and did not engage in meaningful activity within the home.

Care records were person centred and people were involved in the planning of their care and support.

The complaints procedure was known by people and relatives.

Is the service well-led?

Requires Improvement

The service was not always well led.

Checks and audits of safety and practice were not always robustly carried out to ensure the quality of the service.

People, staff and visitors said the service was well run and the management team were very involved in people's care.

There was a culture of open communication and respect for staff.

Compass Care - South Park

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 9 and 12 March 2018. We announced the inspection because of the nature of the service; we wanted to be sure someone would be in at Compass Care. There was one adult social care inspector on the first day, who was accompanied by an expert by experience on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider also operates a domiciliary care service in the Bradford area.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. The registered provider completed the PIR. We used this information to help with the planning for this inspection and to support our judgements. We reviewed information we held about the service, such as notifications, information from the local authority and the contracting team. We displayed a poster to inform people and visitors that we were inspecting the service and inviting them to share their views.

We looked around the home, in people's rooms with their permission and in communal areas. We spoke with seven people, two care staff, the registered manager, the provider and one visiting professional. Following the inspection we spoke with two relatives by telephone. Following the visit to Compass Care Home we made contact by telephone with the families of two people who use the domiciliary service, as well as two staff who work in the service.

We looked at care documentation for two people, two recruitment files and records relating to quality assurance monitoring and the safety of the premises and equipment. We looked at further care

documentation in relation to a person who used the domiciliary care service.

Requires Improvement

Is the service safe?

Our findings

We saw detailed risk assessments and management plans for people within their care records and staff knew how to maintain each person's safety, such as how to support their mobility. Where key information needed to be highlighted this was presented in bold red letters for staff to understand any risks quickly. However, the care home premises were not easily accessible for people with limited mobility and were in need of refurbishment. At times, the room temperatures were uncomfortably cold for people and some people complained of feeling cold. The registered manager was able to adjust the heating once they were informed the temperature had dropped. The provider told us there were plans to address the premises and showed us some documentation to this effect. However, in the meantime checks of potential hazards needed to be improved to ensure people's safety and comfort.

Hazards around the home were not fully assessed to ensure sufficient safety measures were in place. For example, some radiators were too hot to touch and windows were not restricted to prevent falls from height. We found a poorly lit staircase which the registered manager said they would address promptly. There was also a stand-on weighing scale in the dining room which may have posed a trip hazard and a loose toilet seat in one of the bathrooms. The registered manager assured us this had been promptly addressed following the inspection.

Fire safety measures were known by staff and there were clearly detailed personal emergency evacuation plans in place for each person. However, we did not have assurance equipment such as smoke detectors were in safe working order. The registered manager told us the smoke alarm system was not able to be tested due to the design, and there was no record of these having ever been tested, other than when a repair had to be carried out. The registered manager told us they were alerted by the system if there was any fault. We contacted the fire officer who agreed to make a visit to the home immediately after our inspection which they did, and the provider informed us this had shown no concerns with the fire detection system and confirmed they had immediately responded to recommendations made.

Some equipment was not sufficiently clean or in good repair. For example, we saw a crash mat which was torn and dirty and a commode in need of cleaning. There was no evidence of regular mattress cleaning and we saw one mattress was stained.. The registered manager told us the water system at the home did not store water and therefore there was no need for legionella checks. We saw the water management document but this did not illustrate how checks were made where water could be stored in pipework or shower heads. There was no evidence of regular shower head cleaning and we saw the shower heads were visibly dirty, which may pose a potential hazard and source of bacteria. The registered manager assured us after the inspection these were added to the weekly schedule for cleaning.
First aid boxes were not well stocked and some items were out of date. One person's bedroom was not sufficiently clean and although the registered manager told us the person resisted support for cleaning, there was little evidence to show what efforts had been made to this effect. There were malodours of urine in two people's bedrooms we looked in and in one bathroom. We noted one of the seats was wet with an odour of urine and pointed this out to staff who promptly removed the cushion. When we spoke with the registered manager they said they thought this was possibly a drink spillage.

This meant there was a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014, regulation 12.

Most people said they felt safe in the home, although one person gave a negative response the first time we asked them and later a more positive response which contradicted what they initially said. Staff told us the person could sometimes say conflicting things and they used verbal and non-verbal signs to assess the person's well- being. Comments from people when asked if they felt safe included, "Yes", "Yes, I'm alright" and "Yes, no bullying here." Most people said if they did not feel safe they would approach the staff, although one person was not sure who they would tell.

We spoke with two relatives of people who used the domiciliary care service and they told us their family members were cared for safely. One relative said, "I really do trust [the staff]".

Accidents and incidents were detailed well with good analysis with coloured graphs and charts to enable the registered manager to easily identify any patterns or trends. There was clear evidence of action taken and referrals to other professionals when necessary. Where altercations occasionally occurred between people this was documented, although not always referred to CQC as statutory notifications. We discussed this with the registered manager who told us how they monitored whether such incidents resulted in abuse or harm and they agreed to ensure all notifications were submitted, even when the safeguarding authority did not want to pursue this further.

Recruitment procedures were in place to ensure staff were suitably checked before working with people. The registered manager told us people were involved in 'meeting and greeting' candidates who came for interviews. Candidates were assessed on attitude and behaviour during their interview rather than using a formal scoring system.

Support staff were deployed to care for people and complete ancillary tasks such as cooking and cleaning. This meant at times staff were not able to give their total attention to people. Staff told us they thought staffing levels were sufficient to provide appropriate levels of care for people's needs. People said there were enough staff overall, but one person said they did not like to wait to take their turn in the shower if staff were supporting others and the showers were occupied.

Staff understood their responsibilities for safeguarding individuals. They knew the possible signs of abuse and were confident in the reporting procedures for safeguarding and whistleblowing. Staff had completed safeguarding training and had access to relevant contact numbers, should they need to report a concern.

Staff safely supported people when they needed help with their mobility and at an appropriate pace. However, the layout of some of the furniture in the care home impeded people's easy access from room to room. For example, the dining table was quite heavy and one person had to push it with both their arms as it was too close to wall for them to comfortably get past.

People were individually supported with their medicines and staff were confident in the systems and processes for ensuring medicines were managed safely. Medicines were stored securely and keys were held by authorised staff. There were regular checks of staff competency to support people with their medicines.

People said staff supported them with their medicines and comments included, "Yes I get medicines on time and when I receive them", and "Medicines yes at dinnertime and morning and night painkillers."

Medicines were managed safely overall, although some recording was not consistent. For example, where

people needed topical creams there were inconsistencies in the use of body maps. Stock balance records showed some discrepancies and although the registered manager demonstrated this was a recording issue rather than a stock mis-count, this was not a robust system and had not been identified through the medicines audit.

There was evidence of links with other professionals in support of people's health needs. We spoke with one visiting professional who told us staff were proactive in seeking advice and followed any advice given to support people's health.

Requires Improvement

Is the service effective?

Our findings

There were clear systems in place for staff training and support. Staff told us they felt well supported to care for people and the management team worked closely with them to meet people's needs. Staff said they enjoyed training and had regular supportive supervision. They told us managers were available at any time and there was open communication for staff to approach them to discuss any matters. We saw staff freely came to speak with the manager in support of people's needs, such as arranging and accompanying people to planned appointments. One relative of a person who used the domiciliary care agency said, "[My family member] has really complex needs and staff are absolutely brilliant, they know what to do."

We saw evidence of staff training and the registered manager told us they actively sought opportunities online, in house or through the local authority, as well as staff completing the care certificate where necessary. The care certificate is an identified set of 15 standards that health and social care workers should adhere to in their daily working life. The care certificate should give everyone the confidence that care staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff we spoke with said there was plenty of training and supervision to support them to care for people. One ,member of staff said, "I have learned so much, the training is very good."

There was some guidance available for staff in a 'how to' guide to help them understand their role, which had step by step instructions for particular tasks. Staff attended meetings to discuss areas of work and they told us communication and teamwork was good. We saw staff constantly communicated with one another and shared tasks through mutual agreement. There were minutes of meetings and supervisions to show staff had relevant professional discussions about their work. Handover documentation was clear and detailed and there was a communications book used by staff to highlight key information.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us they had submitted applications to the local authority regarding DoLS and we saw records to show these were in progress. The registered manager told us there were no practices involving restraint but confirmed people could not exit the front door without staff knowledge and would be supervised to ensure their safety.

Staff understood how the legislation regarding people's mental capacity impacted on their work and people's rights. People we spoke with said staff asked their consent before supporting any aspect of their

care.

Mealtimes were based upon what individuals wanted to eat and there was no set regime in place. We saw although there was a communal dining table, this was not used to facilitate a social occasion as people ate in different places around the home. For example, we saw people ate their lunch in the chairs they were sitting in rather than being given the choice of coming to the table together with others.

People told us they enjoyed the food on the whole and there were choices available to them each meal, although one person said there was not enough variety. People's comments included, "Meals nice, lots of different things" and "Yes big portions." One person said they enjoyed having a burger and another said they preferred a small portion at teatime. Some people said they were not involved in cooking and food preparation whilst others said they were, with support from staff if needed. On the second day of the inspection we saw staff had made some biscuits and people shared these.

The kitchen area was visible from the dining room and people could see, say or gesture when they wanted a drink or something to eat. We noted people's meals were not always nutritionally balanced. For example, one person was offered sandwiches and crisps for their midday meal. There was limited evidence of people offered any fruit, although we saw this was visible in the kitchen.

There was evidence of links with other professionals in support of people's health needs. We spoke with one visiting professional who told us staff were proactive in seeking advice and followed any advice given to support people's health.

People said they had health care support. One person said, "Not often poorly but yes [staff] ring the doctor if I feel poorly." People told us they attended appointments, such as podiatry, hospital and dietary. They said staff supported them with these by accompanying them if required.

Good

Is the service caring?

Our findings

People told us they felt well cared for and said staff were kind and respectful. There was a friendly atmosphere in the home. Staff knew each person well and this helped them to relate to them and meet their individual needs. Relatives we spoke with spoke highly of how the service was caring and they gave praise for the attitude and support offered by the staff to their family members. One relative of a person who used the domiciliary care service said, "[The staff] are absolutely fantastic" and another said, "The staff know my [family member's] non verbal communication signs. They are so dedicated to what they do."

The provider said they were very satisfied the staff team had the right approach to caring for people in a person-centred way.

Staff were patient and kind when interacting with people and they used communication means which were individual to each person's abilities and preferences. For example, staff knew if people had difficulty with sight or hearing and so they made sure they used clear facial expressions, pitch of voice and gestures to accompany words.

People's dignity and privacy was promoted and staff were respectful of people's individual rights. Staff made sure people were consulted and permission requested before going into their individual rooms and if people requested staff did not enter, this was respected. In people's care plans we saw a list of 'dignity dos' for good practice to guide staff. Information was kept confidential and staff understood the need to keep people's records secure and private.

Staff we spoke with were very mindful this was people's home, rather than just staff workplace. Where people were personally affected by circumstances, such as a family bereavement, staff were very sensitive in their approach.

We saw one person had a visitor and they were welcomed into the home by staff. The person was able to spend time with their visitor privately in their room as well as in the communal areas. One relative said, "The care is just lovely, exactly how [my family member] wants to be cared for, it's home".

Requires Improvement

Is the service responsive?

Our findings

Care records were person centred and contained well organised information about people's needs so staff could understand how to care for them. Some people we spoke with knew what their care plan was and although not everyone understood what this was used for, staff involved them in the process. It was evident from speaking with staff they knew people's individual preferences, such as who liked to have a lie in and who enjoyed a pint of beer. Relatives we spoke with said staff kept them and their family members fully informed and they were consulted and involved in their care planning. They told us staff were reliable and consistent and 'brilliant at time keeping'.

People said they felt at home in the service and relatives we spoke with told us the service was responsive to their individual needs on the whole. However, we found people did not have a means to summon staff, such as a call bell if they needed help to come to them, either routinely or in an emergency. One person we spoke with said they would prefer to have a call bell than have to call for staff to help. They told us, "In a way it upsets me. I shout out for help. No personal alarms or buzzers to call staff. Need to shout out for staff help. No I don't like that. I feel in danger and I need to shout them. In a way I can sing out loud. I feel once I shout I get listened to. If I don't shout I do not get listened to." The registered manager told us people were mostly independently mobile and they had not considered a need for call bells to be in place.

There was evidence people had been involved in some activities and outings. For example one person with an interest in trains went with a member of staff to watch the trains. People said they enjoyed chair exercises and going to the park. People spoke about going on holiday and visiting family, and their connections with family, friends and the community was promoted. People were supported to send cards and letters and we heard the registered manager helping one person to access the telephone to contact their relative.

One person showed us their drawings and staff made sure they had access to paper and pens, which the person clearly enjoyed using. However, we saw little activity within the home during the inspection and at times people spent some part of the day just sitting without meaningful stimulation. One person in particular spent long periods of time in their chair and although staff spoke with the person in passing, there was limited engagement.

One person chose to spend time in their room alone and when we spoke with them we found this was their choice and staff respected this. However, the person 's care plan suggested they liked the company of others and it was not clear from care documentation what steps staff had taken to encourage the person to socialise, or to offer variety to their day. The registered manager told us they worked closely with other professionals to keep the person's needs under review, although this was not evident from their care record. We asked the registered manager to review the person's care to ensure their needs were being properly met. The registered manager sent us evidence following the inspection to show communication with appropriate other professionals was in place.

We had a mixed response from people about the effectiveness of residents meetings; some people felt these took place but other people did not feel they were regular or effective. We saw minutes for some residents'

meetings and information available to people about when the next one would be.

People said if they wished to complain they would speak with staff or the registered manager. One person said "Sometimes I've complained. I know how to – course I do." They told us when they raised matters with the registered manager this was responded to. For example, they had complained about a health problem and the registered manager arranged for a nurse to attend. The registered manager told us there had been no complaints received about the service. We saw the complaints procedure was accessible to people and relatives should they need to use it. There was evidence people had made compliments about the service and this feedback was shared with staff.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was visible in the service and very knowledgeable about the individuals who lived in the home. There was a culture of positive, open communication between the management team and staff, which helped to ensure people's needs were met.

The registered manager had been in post for two years and was supported closely by the provider, who was present for part of the inspection. The provider made regular visits to support the registered manager and to help assess the quality of the service and we saw reports produced from these visits. The registered manager attended regular meetings with other registered managers to share ideas for practice and stay up to date with any changes to legislation.

The registered provider told us they were aware of the need to send statutory notifications to CQC. We saw from incident records, where altercations occasionally occurred between people this was documented, although not always referred to CQC as statutory notifications. We discussed the regulations regarding making statutory notifications with the registered manager who told us how they monitored whether such incidents resulted in abuse or harm and they agreed to ensure all notifications were submitted, even when the safeguarding authority did not want to pursue this further.

People spoke highly of the registered manager and said they felt able to approach them. Relatives we spoke with told us they thought the home was well run and they felt able to visit their family members at any time, or discuss any matters with the registered manager or staff. One relative told us they had initial reservations about their family member coming to live in residential care but said they had quickly been reassured with the confident leadership in place. Relatives of people who used the domiciliary care service told us this was a well run service which was of a 'very high standard'.

There were audits in place to assess and monitor the quality of the service and the registered manager carried out regular checks of practice through being actively involved in the team. However, some audits lacked rigour and did not identify some aspects in need of improvement, such as for medicines recording, equipment and premises checks.

This meant there was a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014, regulation 17.

The registered manager told us they were proud of the way the staff cared for people and they understood the strengths of the service and areas in need of improvement. We spoke with one visiting professional who told us they thought the home was well run and managed. Other professionals we contacted before and after the inspection told us they had no concerns about how the service was managed.

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 HSCA RA Regulations 2014 Safe care and treatment There were some hazards in relation to the safety and cleanliness of premises and equipment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Checks of safety in relation to premises and equipment were not robustly carried out.