Community Integrated Care

Crompton Drive

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 18 July 2016 and was announced.

1 Crompton Drive is a residential service which provides accommodation and personal care for a maximum of three people. At the time of the inspection one person was living at the home.

A registered manager was not in post. However the manager of the home was in the process of applying to become the registered manager. 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.

We saw that medicines were stored safely and securely in the person's bedroom and that staff maintained a record of administration. However, we saw that the records in relation to medicines contained conflicting and confusing information.

You can see what action we told the provider to take at the back of the full version of this report.

Risk to the person living at the home was appropriately assessed and recorded in care records. We saw risk assessments relating to; clothing, medicines, eating–out and fire. Each risk assessment focused on maximising the person's independence while safely managing any risks and had been recently reviewed.

Accidents and incidents were recorded in appropriate detail and assessed by the manager. The manager was required to submit information electronically to the provider. The information was then analysed by a specialist team to identify patterns and triggers.

The home had sufficient staff to meet the needs of the person living there. Staff were recruited safely subject to the completion of appropriate checks.

The home had a robust approach to safety monitoring and employed external contractors to service and check; gas safety, electrical safety and fire equipment.

Staff had the skills and knowledge to meet the needs of the person living at the home. Staff were required to complete a programme of relevant training. The training matrix provided indicated that all training required by the provider was up to date.

The majority of staff were given regular formal supervision which was recorded on their file. However, we saw from records that one member of staff had not received formal supervision recently.

The person living at the home was supported to maintain good health by accessing a range of community

services.

Throughout the inspection we observed staff interacting with the person in a manner which was kind, compassionate and caring. We saw that staff spoke regularly with the person living at the home. They explained what they were doing and discussed their needs and activities. Staff knew the needs of the person well.

Privacy and dignity were protected and promoted by staff. Staff spoke with respect about the person living at the home and promoted their dignity in practical ways. We saw that staff respected the person living at the home and understood their rights in relation to privacy and dignity.

Relatives were free to visit at any time. The property was set-up as a family home with different areas where people could entertain visitors in private if they chose. Decoration, fixtures and furniture made the building feel homely and welcoming.

Care records showed that assessment and care planning were completed in the presence of the individual where possible and involved staff and other social care professionals.

We saw that the person's individual preferences and personality was reflected in the decoration of their bedroom and in shared areas of the home. The person living at the home was supported to follow their interests and to maintain relationships with family members and other people in the local community.

The home had a complaints procedure and a complaints book available to people living at the home and visitors. The records that we saw indicated that no formal complaints had been received in the previous 12 months.

The manager implemented an approach to quality monitoring which was appropriate for the size of the home. In conjunction with the senior support worker they undertook regular monitoring of; staff performance, satisfaction and the physical environment and addressed issues as they arose.

The manager supported the inspection process in conjunction with a senior support worker. They were honest about issues identified during the inspection process and subsequently provided evidence and re-assurances that specific issues had been rectified.

Staff were clearly motivated to do their jobs and enjoyed working at the home. Staff understood their roles and demonstrated that they knew what was expected of them.

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.

Some records relating to the administration of medicines were inaccurate or confusing.

Staff were recruited safely subject to the completion of appropriate checks and references.

Risk was appropriately assessed by experienced staff and reviewed on a regular basis.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and supported to ensure that they could meet the needs of the person living at the home.

There was a good choice of food available. The person living at the home was encouraged to assist in the preparation of meals.

Is the service caring?

Good

The service was caring.

Staff interacted with the person living at the home in a manner which was kind, compassionate and caring.

The person living at the home was consistently involved in their own care and contributed to making decisions based on information provided by staff.

Staff adapted their communication style to meet the needs of the individual.

Is the service responsive?

Good

The service was responsive.

The person's individual preferences and personality was reflected in the decoration of their bedroom.

The person living at the home had care delivered only when it was needed. They were encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required.

Staff knew the needs and preferences of the person living at the home and responded with confidence when care or communication was required.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The home had been without a registered manager for an extended period.

Quality audit systems had not been effective in identifying issues highlighted during the inspection.

Staff were clearly motivated to do their jobs and enjoyed working at the home.

Crompton Drive

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 18 July 2016 and was announced. 48 hours' notice was given because the service is a small care home and the people who live there are often out during the day. We needed to be sure that someone would be in.

The inspection was conducted by an adult social care inspector.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with the one person living at the home, their relative, two staff and the manager. The person living at the home did not use speech and was unable to respond to questions. We also spent time looking at records, including one care record, three staff files, staff training plans, complaints and other records relating to the management of the service. We also observed the delivery of care at various points during the inspection.

Requires Improvement

Is the service safe?

Our findings

We checked the home's procedures for the storage, administration and recording of medicines. We saw that medicines were stored safely and securely in the person's bedroom and that staff maintained a record of administration. The supplying pharmacy did not provide printed Medicine Administration Record (MAR) sheets which meant that the staff had to hand-write the sheets. The sheets had been photocopied repeatedly making them difficult to understand in some areas. The home maintained records in relation to the administration of topical medicines (creams). Staff signatures and initials were kept on file so that they could be easily identified on MAR sheets. We also saw that PRN (as required) medicines' protocols were in place for pain relief and anxiety. The majority of records had been completed correctly and indicated that medicines had been administered as required. However, we saw that the records in relation to one medicine contained conflicting and confusing information. There was an instruction written on the MAR sheet which instructed the medicine to be administered daily. This had been over-written with an instruction to administer every other day. Initials indicated that the medicine had in fact been administered every third day. In addition, there was no evidence that the change in administration had been sanctioned by a GP. We asked the manager and the senior support worker about this. The senior support worker told us that, following a telephone conversation, the GP had instructed the medicine to be administered every third day. A record of this conversation could not be found during the inspection. We asked the manager to secure up to date written guidance to support the change. We also checked stock levels of medicines and found that one record was dated incorrectly which made it difficult to establish if stock levels were accurate. We raised this with the manager and senior support worker who assured us that the matter would be discussed with the staff member concerned. We checked the stock levels together and were subsequently able to establish that they were correct. The weekly medicines' audit had failed to identify the issues found during the inspection.

This is a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked a relative of the person living at the home if their relative was safe. They told us, "Oh yes. It's just everything [about the home]. I know [relative] is being cared for. If [relative] is ill they phone me up." One member of staff said, "We keep [person] safe by constantly monitoring their needs and assessing risks." Staff clearly understood different types of abuse and neglect and what signs to look out for. Staff also knew what action to take if they suspected that abuse was taking place. A member of staff said, "I've done safeguarding training and would contact [local authority] and my manager if I needed to."

Risk to the person living at the home was appropriately assessed and recorded in care records. We saw risk assessments relating to; clothing, medicines, eating–out and fire. Each risk assessment focused on maximising the person's independence while safely managing any risks and had been recently reviewed. A relative told us they were involved in decisions about care and taking risks. In relation to the person's mobility one member of staff told us, "It's about giving more support and making [person] feel safe when [person] is on their feet."

Accidents and incidents were recorded in appropriate detail and assessed by the manager. The manager was required to submit information electronically to the provider. The information was then analysed by a specialist team to identify patterns and triggers.

The home had sufficient staff to meet the needs of the person living there. There was minimum of one member of staff per shift with extra provision depending on activities. The manager and a senior support worker were available to provide or organise additional support as required.

Staff were recruited safely subject the completion of appropriate checks. This included a requirement for two references and a Disclosure and Barring Service (DBS) check. DBS checks are used to determine that people are suited to working with vulnerable adults. Each of the staff records that we checked contained an application form, references, DBS check and photographic identification.

The home had a robust approach to safety monitoring and employed external contractors to service and check; gas safety, electrical safety and fire equipment. We saw that checks had been completed in each area within the previous 12 months. The home had a general evacuation plan in place and tests on emergency equipment were conducted and recorded regularly.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet the needs of the person living at the home. Staff were required to complete a programme of training which included; first aid, administration of medicines, people handling and adult safeguarding. The training matrix provided indicated that all training required by the provider was up to date. Staff had access to a personalised electronic account where they could access further training and view their records. The induction process was aligned to the care certificate which requires staff to complete a programme of learning and be observed in practice by a senior colleague before being assessed as competent. A relative told us, "Yes, the staff have the right skills." A recently appointed member of staff said, "I've done the care certificate and I'm waiting to be signed-off." A different member of staff said, "I'm doing my level five in management. I'm well supported by CIC [the provider]. I get regular support and supervision, an annual appraisal and a six month review."

Staff were given regular formal supervision which was recorded on their file. They were also given regular informal supervision by the manager or senior support worker. However, we saw from records that one member of staff did not have a formal 1:1 (supervision) recorded since October 2014. We asked the manager about this and were told that there had been difficulty meeting with the person because the member of staff worked nights. They subsequently confirmed that a formal supervision had been booked and that meetings would be maintained in accordance with the provider's policy.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager told us that the person living at the home had not had a formal assessment of their capacity. Because the person did not use speech decisions relating to their capacity and consent to care were difficult to establish. The manager told us that they would request a formal assessment to ensure that care was provided in accordance with the principles of the MCA.

The person living at the home was actively involved in choices about food and drink and had free access to the kitchen. We were told that they were being supported to make cakes for the first time. We were told that this activity was organised in response to a healthcare need which required careful monitoring of sugar intake. Preparing their own cakes allowed the person and their staff to reduce the amount of sugar included in the recipe. The person's specific dietary needs were supported within the home by careful monitoring of shopping and preparation of meals following specialist advice. Their choice of food was supported by showing images of meals or ingredients from packaging.

The person living at the home was supported to maintain good health by accessing a range of community services. We were told that they had a GP, optician and dentist and had regular check-ups. We saw evidence of this in care records. We also saw evidence of a health action plan which detailed a range of healthcare needs and other important information.

Good

Is the service caring?

Our findings

Throughout the inspection we observed staff interacting with the person living at the home in a manner which was kind, compassionate and caring. One relative told us, "Whenever I've been there, they [staff] treat [relative] really well." They also said, "The staff are lovely and chatty." A member of staff said, "I try and get things done the way I would expect them to be done for my [relative]." We saw that staff spoke regularly with the person living at the home. They explained what they were doing and discussed their needs and activities. Staff knew the needs of the person well. For example, one member of staff was able to outline what the person's preferred routine would be once they woke. The staff member was able to anticipate an approximate time when the person would come out of their bedroom and explain what they would need once this had happened.

We saw that staff involved the person in conversations and decisions about their own care. Staff adapted their communication style to meet the needs of the individual. Throughout the inspection the manager and staff spoke in a manner which was gentle and respectful.

We saw that the person had choice and control over their life and that staff responded to them expressing choice in a positive and supportive manner. Regarding a choice of activities, a member of staff said, "We explain to [person] what we're planning. Sometimes it's hard to know whether [person] wants to go, but you can tell when [person] definitely doesn't." A relative told us, "[relative] gets what [relative] wants, when they want it."

Privacy and dignity were protected and promoted by staff. Staff spoke with respect about the person living at the home and promoted their dignity in practical ways. A member of staff said, "When we give personal care we shut the bedroom door to give dignity and privacy." Another member of staff said, "[If there are two staff] second staff would not enter the room while personal care was being given. We make sure that [person] uses their dressing gown." We saw that staff respected the person living at the home and understood their rights in relation to privacy and dignity.

Relatives were free to visit at any time. A relative told us, "I can turn up at any time." The property was set-up as a family home with different areas where people could entertain visitors in private if they chose. Decoration, fixtures and furniture made the building feel homely and welcoming.

Good

Is the service responsive?

Our findings

We saw from our observations that the person living at the home was involved in discussions about care on a day to day basis, but communication difficulties meant that their involvement in more formal reviews of care was limited. When available, family members represented their needs and commented, "They [staff] ask me about [relative's] care." A member of staff told us, "We also involve the GP in discussions about care." Care records showed that assessment and care planning were completed in the presence of the individual where possible and involved staff and other social care professionals. The 'Quality of Life' review and action plan identified targets, responsibilities and completion dates for; new activities, work in the garden, changes to diet and alternative communication strategies as part of an overall review of care.

We saw that the person's individual preferences and personality was reflected in the decoration of their bedroom and in shared areas of the home. The person living at the home was supported to follow their interests and to maintain relationships with family members and other people in the local community. Events had been organised to bring people together, for example barbeques. Photographic records of events were maintained to aid conversation. Activities were recorded and analysed to establish what worked well and what didn't.

We observed that care was delivered only when it was needed. The person living at the home was encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required. Staff knew their needs and preferences and responded with confidence when care or communication was required. Communication was improved because staff had access to detailed information about non-verbal communication held in care records. Records indicated that staff had explored the use of alternative forms of communication for example the picture exchange communication system (PECS) although this was not in use on the day of the inspection.

The home had a complaints procedure and a complaints book available to people living at the home and visitors. The records that we saw indicated that no formal complaints had been received in the previous 12 months. Relatives were able to communicate with staff and raise concerns on visits or by telephoning the home. A relative told us, "If I had a complaint I'd speak to [manager]." The home also distributed surveys which gave people the opportunity to raise concerns. Completed documents were returned to the provider's quality team. The manager had not been made aware of any issues arising from the last survey and understood that no returns had been received.

Requires Improvement

Is the service well-led?

Our findings

The home did not have a registered manager in post. The previous registered manager was de-registered in 2015. The current manager was in the process of applying to be registered.

The manager implemented an approach to quality monitoring which was appropriate for the size of the home. In conjunction with the senior support worker they undertook regular monitoring of; staff performance, satisfaction and the physical environment and addressed issues as they arose. They were required to complete a standardised quality assurance check which was analysed by the provider's quality team. The quality team also completed annual checks on the home. We saw that this process had been completed. However, none of these checks had identified the issues relating to errors on the MAR sheets or missed supervision sessions.

The manager supported the inspection process in conjunction with a senior support worker. They were honest about issues identified during the inspection process and subsequently provided evidence and re-assurances that specific issues had been rectified. For example, changes to the MAR sheets. We saw that manager's interactions with the person living at the home and staff were relaxed and informal, but they also led the team in a direct manner when required. We spoke with the manager about responsibilities in relation to reporting to the Care Quality Commission (CQC) and the regulatory standards that applied to the home. The manager was able to explain their responsibilities in appropriate detail and told us that they accessed the CQC' website for guidance and information in preparation for their registration. However, we saw that one important notification had not been sent to CQC. We discussed reporting requirements with the manager who confirmed that the relevant notification would be submitted as soon as possible.

The home had been developed with input from the person living there, their relatives and the staff team. Communication between staff, relatives and the manager was open and regular. We saw evidence that staff meetings had taken place in January and June 2016. Information relating to people living at the home and developments had been shard at the meetings. Recent developments included the purchase of a barbeque and the re-decoration and refurbishment of the home. One member of staff said, "Everything is communicated verbally and formally to staff."

The manager and other members of staff that we spoke with described the home's values in similar terms. Each said that the home promoted people's independence and kept them safe. We saw that these values were applied in communication with the person living at the home and in the delivery of care and support. Records that we saw indicated that the values had been applied in planning activities and developments. For example, we were told that the person living at the home had been supported to develop new skills including washing dishes. Staff were also engaged in discussions about adaptations to the bathroom to provide a safer environment which allowed the person to be more independent with regard to personal care.

Staff were clearly motivated to do their jobs and enjoyed working at the home. We were told, "The only thing I can say is if I could do this job 24/7 I would. I love it." Staff understood their roles and demonstrated that

they knew what was expected of them. The manager maintained important information on staff files and electronic records and shared it with staff appropriately. Staff were required to sign to confirm that they had read and understood important information. Staff had access to other information, for example, policies and procedures through a secure website and a dedicated social media account.

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 People were not adequately protected from the risks associated with the administration of medicines because records and instructions were inaccurate.